0646 06605

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2718 Jennings Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 2718 Jennings Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY ACTON	July 20, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	April 11, 1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Gov't. Clerk Vet. Admr.		Mass.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sam Acton	Ida Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
4 No	No	Mrs. Lily Acton, 2718 Jennings Rd., Kensington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Fatal

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bracchat M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	July 20, 1954		Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-54	Frances Potter	Warner C. Pumphrey	Silver Spring, Md.

VS. A15A - 5 - 53

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06606

6647 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda RURAL X
LENGTH OF STAY (in this place) 30
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5407 York Lane

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) English (Last) Caddis

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Aug. 29 1881 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR: Months 10 Days 14 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Molder | 10B. KIND OF BUSINESS OR INDUSTRY: Shipyard | 11. BIRTHPLACE (State or foreign country): Ireland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Caddis | 14. MOTHER'S MAIDEN NAME: Mary Ann English

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 226-05-3196B | 17. INFORMANT & ADDRESS: Mrs. Helen D. Caddis 5407 York Lane Md. Bethesda

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

451X IMMEDIATE CAUSE (A) Massive intra abdominal hemorrhage — few hours

ANTECEDENT CAUSE (S) DUE TO (B) Ruptured aneurysm Abdominal aorta — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Atherosclerosis, aorta —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Hypertrophy-benign — 10 Yr

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to 13 July 1954 that I last saw the deceased alive on 13 July, 1954, and that death occurred at 5.00A M, from the causes and on the date stated above.

SIGNATURE John S Bell M. D. ADDRESS 7936 Georgetown Rd Beth. Md DATE SIGNED 13 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/16/1954 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 7/14/54 | REGISTRAR'S SIGNATURE Bessie M. Pennybacker | 24. FUNERAL DIRECTOR Roberts a. Pumphrey | ADDRESS Bethesda, Md.

RECEIVED
JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06607

6615

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 3½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4923 N. Capitol Street

3. NAME OF DECEASED (Type or Print): (First) Isabel (Middle) — (Last) Annes
4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
fe	White	Married	1-5-08	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sherburne
14. MOTHER'S MAIDEN NAME Georgianna Kentry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wash. San. & Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
Immediate cause (a) Vascular Cerebral Accident — 3½ days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt ankle 7-5-54

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosnahan M.D. ADDRESS Garrett Park Md DATE SIGNED 7-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Graveside DATE THEREOF July 13-1954 NAME OF CEMETERY OR CREMATORY Woodbrook Cem. LOCATION (City, town, or county) Bowie (State) Mass

DATE REC'D BY LOCAL REGISTRAR July 12 1954 REGISTRAR'S SIGNATURE J. Arthur Dodd

24. FUNERAL DIRECTOR J.N. Hines Co. ADDRESS 2901 14 Wash D.C.

VS. A15A

RECEIVED
JUL 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06608

CERTIFICATE OF DEATH

6648

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring X

LENGTH OF STAY (in this place): X

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 708 Philadelphia Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Silver Spring

STREET ADDRESS (If rural give location): 8200 Hartford Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) HENRY (Last) Bailey

4. DATE OF DEATH: (Month) JULY (Day) 16 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 12, 1868	85 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Supt.,	Insurance Company	Alabama	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William M. Bailey	Mary E. Kirksey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
3 No	214-03-9824	Mrs. Geo. P. Cokinos, 4622 Davenport St., N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

153X

Immediate cause — (a) Generalized Carcinomatosis — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Carcinoma of Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 53, to July, 19 54, that I last saw the deceased alive on July 1st, 19 54, and that death occurred at 12:27 pm, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bernard A. Fitzgerald	MD	9620 Old Bladensburg Rd.	7/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 20, 1954	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-54	Frances Potter	Warner C. Pumphrey	Silver Spring, Md.

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06609

6649 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 5425 Connecticut Ave., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Adelaide (Middle) Walker (Last) Barker
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 10, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Walker
14. MOTHER'S MAIDEN NAME: Margaret Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Son - J.A. Barker - same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X IMMEDIATE CAUSE (A) Congestive Heart Failure 48 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio-vascular-renal disease 3 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1954, to July 10, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 9:40 PM, from the causes and on the date stated above.

SIGNATURE Sidney Clausius M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED July 11, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/13/54
NAME OF CEMETERY OR CREMATORY Congressional Cem
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 7/12/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14 th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06610

6650

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 907 N. Chester St.

3. NAME OF DECEASED: (Type or Print) (First) Rudolph (Middle) S. (Last) Baroch

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 14 Apr. 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Not stated (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Not stated

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Baroch

14. MOTHER'S MAIDEN NAME: Not stated

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Acute heart failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Nodular calcific stenosis of aortic and mitral valves

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laennec's cirrhosis of liver; diabetes mellitus; thrombosis to aorta

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1954, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elliott Middleton Jr. M.D.
ADDRESS The Clinical Center, N.I.H., Bethesda
DATE SIGNED July 2[illegible], 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-24-1954
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) Baltimore 6, Md.

DATE REC'D BY LOCAL REGISTRAR 7-22-54
REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Fr. Cyach & Son
ADDRESS 900 N. Chester St

06611

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

6651

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda / LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural give location) 5403 Huntington Pkwy.

3. NAME OF DECEASED: (Type or Print) (First) HARRIETT (Middle) LONG (Last) BART

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Female	White	Married	Jan. 25, 1888	66 yrs.	6	1		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Akron, Ohio	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jonathan Shirley	Elizabeth J. [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		None	Charles L. Bart- Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 X

IMMEDIATE CAUSE (A) Metastatic Carcinoma

ANTECEDENT CAUSE (B) DUE TO Carcinoma of Rectum

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 1 - 1953	Carcinoma	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to July, 1954 that I last saw the deceased alive on July 25, 1954, and that death occurred at 915A M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. 8016 [illegible] DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-2[illegible]-54	Parklawn	[illegible]ville, [illegible]

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/28/54	Bessie M. Thompson	Robert A. Pumphrey	[illegible], d.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 30 1954
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06612

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: 6652
   COUNTY Montgomery. MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN Olney
   LENGTH OF STAY (in this place) X
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
   STREET ADDRESS (If rural give location) Box 195

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Beavers

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 9. 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months | Days IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Fluvanna Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Beavers

14. MOTHER'S MAIDEN NAME: Elizabeth Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Patient's record - Info. given by pt.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Generalized — yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism — yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/5, 1952 to 7/25, 1954, that I last saw the deceased alive on 7/25, 1954, and that death occurred at 4.00 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 7/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7/27/54 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR 7-26-54 — REGISTRAR'S SIGNATURE Belinda B Lawler

24. FUNERAL DIRECTOR [illegible] — ADDRESS [illegible]

VS. A15

RECEIVED
JUL 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06613

CERTIFICATE OF DEATH

C616

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9507 Thornhill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) John (Last) Becker

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1954

5. SEX: Male. 6. COLOR OR RACE: Caucasian 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed. 8. DATE OF BIRTH. 2-16-77 9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Court Reporter 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Becker.

14. MOTHER'S MAIDEN NAME: Dallas Yost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 213-01-3557-A

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

ANTECEDENT CAUSE (B) DUE TO Auricular fibrillation — 1½ years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nephritis — 3 years

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to July 7, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

SIGNATURE John R. Andrews M.D. ADDRESS Silver Spring Md DATE SIGNED 7-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/9/54 — NAME OF CEMETERY OR CREMATORY Burtonsville Union Cemetery — LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR July 13 1954 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Warner E. Humphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06614

6653 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Ashton
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS "Tanglewood"

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Ashton
STREET ADDRESS (If rural give location) "Tanglewood"

3. NAME OF DECEASED: (Type or Print) (First) Georgiana (Middle) (Last) Bell

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 11/27/1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Bell
14. MOTHER'S MAIDEN NAME: Eleanor Hopkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Sister Sarah Billows, Ashton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset And Death 5 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease — yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 7/19, 1954, that I last saw the deceased alive on 7/12, 1954, and that death occurred at 5:00 pm from the causes and on the date stated above.

SIGNATURE C. J. Igon (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 7/19/1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7-23-54 NAME OF CEMETERY OR CREMATORY Ash Memorial LOCATION (City, town, or county) Sandy Spring, Md (State)

DATE REC'D BY LOCAL REGISTRAR 7-23-54 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1954
BUREAU V. S.

C654 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06615

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Item 1 film G168 7/21/54 cm

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8806 Sundale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8806 Sundale Drive

3. NAME OF DECEASED: (Type or Print) (First) Solomon (Middle) Henry (Last) Blank

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE Last Birthday: 77 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tailor

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ~~Morris~~ M. Blank, Morris M.

14. MOTHER'S MAIDEN NAME: Ruth —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jack Blank - 7815 Orchid St NW Wash DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Thrombosis Acute	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio Sclerotic Heart Disease	Yrs.
	DUE TO (c) Hypertension Cause	Yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1954 to 7-14, 1954, that I last saw the deceased alive on 7-14, 1954, and that death occurred at 2:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Abel Sherman MD — ADDRESS 915-19th St N.W. Wash. DC — DATE SIGNED 7-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/16/54 — NAME OF CEMETERY OR CREMATORY Adas Sholom Cemetery — LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 7-15-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR B. Stanley Levy & Son — ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06616

6655

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural

LENGTH OF STAY (in this place) 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aconcek

STREET ADDRESS (If rural give location) Calvert Manor Rt 1 Box 79A

3. NAME OF DECEASED (Type or Print) (First) Nelson (Middle) Narcisse (Last) BLOSSE

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: 10-29-89

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10B KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Canada

12 CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harmisda BLOSSE

14. MOTHER'S MAIDEN NAME: Ellen Boivia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Effie M. BLOSSE Calvert Manor Rt 1 Box 79A Aconeek, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Thrombosis, cerebral artery — INTERVAL BETWEEN ONSET AND DEATH 18 days.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rheumatic valvulitis, inactive with deformity of aortic valve — 36 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 June, 1954, to 17 July, 1954, that I last saw the deceased alive on 17 July, 1954 and that death occurred at 3:15P M, from the causes and on the date stated above.

SIGNATURE R. D. Peckinpaugh LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 7-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 20 July 1954 — NAME OF CEMETERY OR CREMATORY Congressional Cemetery — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 20 July 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Chambers Funeral Home — ADDRESS 517 11th Street SE Washington, D.C.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 20 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06617

6656 CERTIFICATE OF DEATH Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) [illegible] days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 621 Maryland Avenue, N.E.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) None (Last) BOWE

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH 12-2-69

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Marie BOWE 621 Maryland Ave., N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Hepatitis, acute, cause unknown 3 wks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C) —

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia, organism unknown 5 days

19A. DATE OF OPERATION: —

19B MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1954, to 14 July, 1954, that I last saw the deceased alive on 14 July, 1954, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS R. L. FLICK LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 7-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial [illegible] DATE THEREOF 20 July 1954 NAME OF CEMETERY OR CREMATORY Fort Stelling Cemetery LOCATION (City, town, or county) (State) St Paul, Minnesota

DATE REC'D BY LOCAL REGISTRAR [illegible] REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR Gawlers Funeral Home ADDRESS 317 11th St SE Washington, D.C.

RECEIVED
JUL 20 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06618

E657

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ..... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ..... LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS .....

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ..... COUNTY .....
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) .....
STREET ADDRESS (If rural give location) .....

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) BREAUX

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: ..... | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ..... | 8. DATE OF BIRTH: July ..., 1954 | 9. AGE last birthday ..... yrs. | IF UNDER 1 YEAR: Months ..... Days 1 | IF UNDER 24 HRS.: Hours ..... Min. .....

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ..... | 10B. KIND OF BUSINESS OR INDUSTRY: ..... | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank BREAUX | 14. MOTHER'S MAIDEN NAME: Faye Anita CROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ..... | (If Yes, give war or dates of service) ..... | 16. SOCIAL SECURITY NO. ..... | 17. INFORMANT & ADDRESS: Father: Frank BREAUX 3118 18th Street N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Immaturity

ANTECEDENT CAUSE (S) DUE TO .....

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO .....

(C) .....

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. .....

19A. DATE OF OPERATION: ..... | 19B. MAJOR FINDINGS OF OPERATION ..... | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ..... | 21C. WHERE DID INJURY OCCUR? (City or town) ..... (County) ..... (State) .....

21D. TIME OF INJURY (Month) ..... (Day) ..... (Year) ..... (Hour) ..... M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? .....

22. I hereby certify that I attended the deceased from July, 19 54, to July, 19 54, that I last saw the deceased alive on July 19 54, and that death occurred at 1:50 PM, from the causes and on the date stated above.

SIGNATURE M. S. Allen | ADDRESS M. S. ALLEN LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland | DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 27 July 1954 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 26 July 1954 | REGISTRAR'S SIGNATURE Mary E. Funsley

24. FUNERAL DIRECTOR R.A. PUMPHREY FUNERAL HOME | ADDRESS 7557 Wisconsin Ave. Bethesda Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06619

6658

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Hesketh St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 2 Hesketh St.

3. NAME OF DECEASED (Type or Print) (First) Idah (Middle) Nora (Last) Breen

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1954

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Oct. 27 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY R.F.C.
11. BIRTHPLACE (State or foreign country) Alexandria Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Breen
14. MOTHER'S MAIDEN NAME Mary A. Lally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Miss Mary J. Breen 2 Hesketh St Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Geneolized Carcinomatosis	18 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of Breast	5 yrs +
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1949 1
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to 7/3, 1954, that I last saw the deceased alive on 7/2, 1954, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE Thos. F. Keliher M.D. (Degree or title) ADDRESS 1150 Conn. Ave Wash DC DATE SIGNED 7/3/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/7/54
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Alexandria Va.

DATE REC'D BY LOCAL REG. 7/6/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR S. H. Hines Co, ADDRESS Washington 9 D.C.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0659 CERTIFICATE OF DEATH

06620

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Joseph (Middle) Leroy (Last) Bright, Jr.

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7.26.54

9. AGE last birthday: yrs. 5
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montgomery Co. Gen. Hospital

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Leroy Bright, Sr.

14. MOTHER'S MAIDEN NAME: Lillie Ann Fowler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) atelectasis — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) prematurity (3 lbs 2 oz) — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1954, to 7/31, 1954, that I last saw the deceased alive on 7/25, 1954, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 7/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-2-54
NAME OF CEMETERY OR CREMATORY New Freedom
LOCATION (City, town, or county) (State) Lansdowne, Md.
DATE REC'D BY LOCAL REGISTRAR 7-31-54
REGISTRAR'S SIGNATURE Lucinda B Fowler

24. FUNERAL DIRECTOR J. C. Higginbotham ADDRESS Ellicott City

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VS. A15

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06621

MARYLAND 6617 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park D.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium 20

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park D.
STREET ADDRESS (If rural, give location) 7427 Buffalo Ave.

3. NAME OF DECEASED (Type or Print) (First) Pamelia (Middle) A. (Last) Brown

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1954

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 10-17-68 | 9. AGE last birthday 85 yrs. | If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress maker | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Canada | 12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME Alfred Brown

14. MOTHER'S MAIDEN NAME Mary Starkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17 INFORMANT AND ADDRESS Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anemia (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-6-54 | 19b. MAJOR FINDINGS OF OPERATION multiple Papillary Ca of Bladder | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5- 54 to 7-7 54, that I last saw the deceased alive on 7-7- 54, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE Oliver E. Thompson (Degree or title) ADDRESS 934 Ellsworth Drive, S.S. Md. DATE SIGNED 7-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE July 10, 1954 | NAME OF CEMETERY OR CREMATORY Glen Haven Crematory | LOCATION (City, town, or county) (State) Prince Georges County, Md.

DATE REC'D BY LOCAL REG. July 7 1954 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 254 Carroll St. NW Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06622

C660 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson X
STREET ADDRESS (If rural give location) Between Dickerson & Beallsville

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Clarence (Last) Brown
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: JAN. 13, 1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles William Brown
14. MOTHER'S MAIDEN NAME: Mary Jane Onley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Lucille Onley - 2018 M St. N.W. Washington, DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Senility — 30 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis — 40 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1954, to 7/16, 1954, that I last saw the deceased alive on 7/15, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Rockville Md. DATE SIGNED 7/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7-19-54
NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): [illegible] Dickerson, Md

DATE REC'D BY LOCAL REGISTRAR: 7/19/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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JUL 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06623

6678

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Domer Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md.
STREET ADDRESS (If rural give location) 504 Domer avenue,.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Burton

4. DATE OF DEATH. (Month) (Day) (Year) July 22, 1954.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: April 6, 1883
9. AGE last birthday 71 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Perry P. Smith
14. MOTHER'S MAIDEN NAME: Martha Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Beatrice D. Colvin

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic + hypertensive heart disease — 4-5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Essential hypertension + generalized arteriosclerosis — undetermined

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1954, to July 22, 1954 that I last saw the deceased alive on July 21, 1954, and that death occurred at 5 00/P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 931 Pershing Drive - Silver Spring Md. DATE SIGNED 7-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 26, 1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor Maryland.

DATE REC'D BY LOCAL REGISTRAR July 27 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

JUL 2 1 4
BUREAU V. S.

C641 **MARYLAND STATE DEPARTMENT OF HEALTH** 06624

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Item 1 film G168A 7/23/54 cm

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Baltimore Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 1200 Kingwood Dr.

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) J. (Last) BUTLER
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 8 1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME George Faifield
14. MOTHER'S MAIDEN NAME Sarah Jane Harrington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Kenneth Butler 1200 Kingwood Takoma Pk. Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) myocardial failure — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis & arteriosclerosis — 5 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1954, to July 17, 1954 that I last saw the deceased alive on July 17, 1954, and that death occurred at 5 30 P. m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthurn, M.D. (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 7/17/54.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 7-20-54
NAME OF CEMETERY OR CREMATORY Ft Lincoln Crematory
LOCATION (City, town, or county) (State) Prince Georges Co. Md.
DATE REC'D BY LOCAL REG. July 17 1954
REGISTRAR'S SIGNATURE Dorothy M Jackson
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St. N.W. Washington 9 D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JUL 20 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06625

6661

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Nebraska COUNTY Unknown
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Omaha
STREET ADDRESS (If rural give location) Omaha Athletic Club

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) (r) (Last) BUTLER

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: February 1978
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): senator
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harvey Butler
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Washington, D.C. Lloyd W. Smith 3065 Chestnut St. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hemorrhage Cerebral due to Arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1954, to 1 July, 1954, that I last saw the deceased alive on 1 July, 1954, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] COR MC USN
ADDRESS U.S. NAVAL HOSPITAL BETHESDA, MARYLAND
DATE SIGNED 2 July 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY: Forrest Lawn
LOCATION (City, town, or county) (State): Omaha, Nebraska

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR Joseph Gawler'S Sons 1[illegible] Penn. Ave.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6662 **CERTIFICATE OF DEATH** 06626

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LE. GTH OF STAY (In this place) C.O.P.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg Co. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural)
STREET ADDRESS (If rural, give location) (unity)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Rutherford (Last) Butts
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-22-41
9. AGE last birthday 13 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Rufus B. Butts
14. MOTHER'S MAIDEN NAME Marian Hamblin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Electrical Stroke	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Struck by lightning	death
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY Farm
(CITY OR TOWN) Gaithersburg (unity) (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) 7-5-54 (Day) (Year) 6 (Hour) P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Struck by lightning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bosecourt (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 7-5-4 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) Olney (State) Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7-5-54 Gertrude B Lawler
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06627

6663 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 2120 16th Street NW

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Sidney (Last) CAMP
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954
5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-26-1892
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Congressman
10B. KIND OF BUSINESS OR INDUSTRY: Goverment
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William Walker CAMP
14. MOTHER'S MAIDEN NAME: Ella LEIGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mrs. Sarah F. CAMP 2120 16th Street NW Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cirrhosis, liver, haemaemia — 6 months
ANTECEDENT CAUSE (S) DUE TO (non-alcoholic)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Diabetes mellitus — 26 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30-54, 19 . . , to 7-24-54, 19 , that I last saw the deceased alive on 7-24-54, 19 . . , and that death occurred at 1:42A M, from the causes and on the date stated above.

SIGNATURE R. L. CANAGA CDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 7/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit — DATE THEREOF 29 July 1954 — NAME OF CEMETERY OR CREMATORY Newman Cowets Cemetery — LOCATION (City, town, or county) (State) Newman, Georgia

DATE REC'D BY LOCAL REGISTRAR 26 July 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR GAWLERS & SONS — ADDRESS 1756 Penn Ave., SE Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06628

6664 CERTIFICATE OF DEATH Reg. Dist. No. 2-16

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 15 hrs 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4617 Windsor Lane

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Rebecca (Last) Lockhill

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Nov. 20th 1878
9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months 7 Days 13
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cline
14. MOTHER'S MAIDEN NAME: Mary Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Sylwyn K. Cockhill, 4617 Windsor Lane Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

+10X

IMMEDIATE CAUSE (A) Pneumonia, lobar, R.L.L. — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardiovascular disease — 2 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1953, to July 5, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 5:25 A M, from the causes and on the date stated above.

SIGNATURE Leo M. Curtis M.D. ADDRESS M.D. 5707 Wisconsin ave. Chevy Chase DATE SIGNED 7/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7-7-54
NAME OF CEMETERY OR CREMATORY: Union Cemetery
LOCATION (City, town, or county) (State): Leesburg, Virginia

DATE REC'D BY LOCAL REGISTRAR 7/5/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert M. Humphrey
ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06629

Item 9 film G168A 7/30/54 6665 CERTIFICATE OF DEATH Reg. Dist. No. 217

1. PLACE OF DEATH: Montgomery COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Redland Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Jane (Last) Cook
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 9 - 1876
9. AGE last birthday: 77 Yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sparta - North Carolina
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: Henry Crouse
14. MOTHER'S MAIDEN NAME: SARAH ANN WAGNER Mrs. John Willis (daughter) Brookeville Md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. John Willis Brookeville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intra-Cranial Hemorrhage — Interval Between Onset And Death 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension Cardio-Vascular Disease — Year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to July 6, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 10 20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED July 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 8/54 NAME OF CEMETERY OR CREMATORY Brookeville Md LOCATION (City, town, or county) (State) Montgomery Md

DATE REC'D BY LOCAL REGISTRAR 7-8-54 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06630

CERTIFICATE OF DEATH

C666 Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney X
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural give location) Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) LaRue (Last) Corrick

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 25, 1905

9. AGE Last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New Windsor, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard C. Keefer

14. MOTHER'S MAIDEN NAME: Mary Douty

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Dennis T. Corrick, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage - massive — Interval Between Onset And Death: 8 hours

DUE TO Hypertension - essential. Severe — 8 yrs 1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Menopausal depression. — 2 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) -0---

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from ....., 1947, to July 15, 1954 that I last saw the deceased alive on 7/15/54, and that death occurred at 4:07 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) M. McAndree Boyer, M.D. ADDRESS Druid Theatre Building, Damascus, Md. DATE SIGNED 7/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 17, 1954 — NAME OF CEMETERY OR CREMATORY Pine Grove — LOCATION (City, town, or county) (State) Mt. Airy, Md.

DATE REC'D BY LOCAL REGISTRAR 7-17-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06631

CERTIFICATE OF DEATH

6667

Reg. Dist. No. 2/4

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Silver Spring
LENGTH OF STAY (in this place) 6 1/2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9227 Mintwood St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Agnes	E.	Crawford	7-	21	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 1, 1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Hendry	Marion Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	578-07-8642	Lois Goodenough 9227 Mintwood St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	5 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension, Arterial	10 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Right Hemiplegia — 2 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
L.B. Snow M.D. L.B. Snow M.D.	Silver Spring, Md.	22 July 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/24/54	Cedar Hill Cemetery	Suitland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-54	Frances Potter	Francis J. Collins	3821-14th St. N.W. Wash. D.C.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Medical Examiner (Dr. Broshart)
notified 12:30 A.M. 22 July and
will approve.

H B Snow M.D.

RECEIVED
JUL 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06632

6619 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural give location) 1611 Varnum Pl, N. E.

3. NAME OF DECEASED: (Type or Print) (First) Olivia (Middle) Walker (Last) Crickenbarger

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 15, 1871

9. AGE last birthday: 82 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joshua Smith

14. MOTHER'S MAIDEN NAME: Ella Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington San. + Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hepatic Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Adeno Carcinoma of Head of Pancreas — 2 mo.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Left Bundle Branch Heart Block.

19A. DATE OF OPERATION: 7-16-54.

19B. MAJOR FINDINGS OF OPERATION: Mass of Head of Pancreas.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3-, 1954, to 7-25-, 1954, that I last saw the deceased alive on 7-25-, 1954, and that death occurred at 9:46 AM, from the causes and on the date stated above.

SIGNATURE Glenn A. Rice, M.D. M.D. ADDRESS 8126 Colesville Rd. Silver Spring Md. DATE SIGNED 7-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7/28/54 — NAME OF CEMETERY OR CREMATORY: Riverview Cem. — LOCATION (City, town, or county) (State): Charlottesville Va.

DATE REC'D BY LOCAL REGISTRAR: July 25 1954 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: S. H. Hines Co. — ADDRESS: 2901 14th St N.W. Washington D. C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6668

CERTIFICATE OF DEATH

Reg. Dist. No. 06633

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5405 8th Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Earl (Last) DALEY

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 26 July 1896
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10B KIND OF BUSINESS OR INDUSTRY: Goverment
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John C. DALEY
14. MOTHER'S MAIDEN NAME: Mary L. MC CARTHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Wife: Florence E. DALEY Washington, D.C. 5405 8th St. NW

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Thrombosis, cerebral artery — INTERVAL BETWEEN ONSET AND DEATH 7 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive cardiovascular disease — 10 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 June, 1954, to 3 July, 1954, that I last saw the deceased alive on 3 July, 1954, and that death occurred at 6:05A M, from the causes and on the date stated above.

SIGNATURE R.O. [illegible] LT MC USN
ADDRESS Bethesda, Maryland M.D. U.S. Naval Hospital
DATE SIGNED 3 July 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6 July 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR [illegible] 1954
REGISTRAR'S SIGNATURE Mary C. [illegible]
24. FUNERAL DIRECTOR Huntemann Funeral Home ADDRESS 5732 Georgia Ave. Washington, D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C669

06634

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown; LENGTH OF STAY (in this place) 11 1/2; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Monte.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) CLIFTON (Last) DARBY

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): MARIED

8. DATE OF BIRTH: 11-5-1888

9. AGE last birthday: 65 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: CARPENTER

11. BIRTHPLACE (State or foreign country): MONTGOMERY CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM W. DARBY

14. MOTHER'S MAIDEN NAME: CARRIE M. MURPHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) WORLD I

16. SOCIAL SECURITY NO.: 216-18-7802

17. INFORMANT: Ethel L. Darby (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of tongue with generalized metastases — Interval between onset and death: 2 years

Anteccdent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 20, 1953, to July 19, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James V. Kerr M.D. ADDRESS Hyattstown, Md. DATE SIGNED July 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 25, 1954

NAME OF CEMETERY OR CREMATORY: Hyattstown Meth.

LOCATION (City, town, or county) (State): Hyattstown, Montg. Md.

DATE REC'D BY LOCAL REG. July 23 1954

REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS: W. L. Burdette, Hyattstown, Md.

RECEIVED
JUL 26 1954
BUREAU V. S.

06635

MARYLAND

STATE DEPARTMETT OF HEALTH

6670

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4351 Harrison St. N.W.
STREET ADDRESS (If rural, give location) Washington, D.C.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Daulington (Last)

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1954

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, (WIDOWED), DIVORCED. (Specify)

8. DATE OF BIRTH 11/21/80

9. AGE last birthday 73 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) —

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Liver

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma Colon.

(c)

INTERVAL BETWEEN ONSET AND DEATH: one year.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to July 30, 1954, that I last saw the deceased alive on July 30, 1954 and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. P. Andrews M.D. Washington D.C. 7/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE July 30-54

NAME OF CEMETERY OR CREMATORY Removal

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR'S REG. 8/2/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR James E. Bell. ADDRESS Wash. D.C.

Burial Transit to Frankfort City

AUG 4 1954
BUREAU V. S.

6671

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06636

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Springbrook X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Warrenton Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Springbrook
STREET ADDRESS (If rural, give location) 205 Warrenton Dr

3. NAME OF DECEASED (Type or Print) (First) George (Middle) T (Last) Day
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 5-26-06
9. AGE last birthday 48 yrs. | If under 1 year Months | Days | If under 24 hrs Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pursuant - Bank of Silver Spring Md
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George N. Day
14. MOTHER'S MAIDEN NAME Nannie B. Pomes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry L thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosehart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-30-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 2, 1954
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington, (State) D.C.
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C672

CERTIFICATE OF DEATH

06637

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Mt. Airy
LENGTH OF STAY (in this place): years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD. # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Mt. Airy
STREET ADDRESS (If rural give location): RFD. # 3

3. NAME OF DECEASED (Type or Print): (First) Langdon (Middle) Storrs (Last) Day

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2, 1871

9. AGE Last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Brownings ville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rufus K. Day

14. MOTHER'S MAIDEN NAME: Ann Prisella Brandenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Sadie E. Day, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hemorrhage from bladder	6 wks
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma of bladder	3 yrs
	DUE TO (c) Extension from Carcinoma of Prostate	9 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 1945. 1 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1944, to July 3, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 2:01 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J Stanley Grabill — ADDRESS: Mt. Airy Md. — DATE SIGNED: 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 5, 1954 — NAME OF CEMETERY OR CREMATORY: Providence — LOCATION (City, town, or county) (State): Kemptown, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: July 4, 1954 — REGISTRAR'S SIGNATURE: Della N. Burdett

24. FUNERAL DIRECTOR ADDRESS: Clin L. Moleswprth, Damascus, Md.

VS. A15

RECEIVED
L 7 1954
BUREAU V. S.

06638

MARYLAND 6620

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 mos 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural, give location) 3750 Fordham Rd. N.W.

3. NAME OF DECEASED (Type or Print) (First) Emily (Middle) GIVEN ~~Grace~~ (Last) Dickinson

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1954

5. SEX Fe.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 15, 1874
9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Given
14. MOTHER'S MAIDEN NAME Mary Ann Croggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: two days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — one month

(c) Arteriosclerosis + Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

I

22. I hereby certify that I attended the deceased from 7/5/, 1954, to 7/17/, 1954, that I last saw the deceased alive on 7/17, 1954, and that death occurred at 10:15a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Hare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 7/17/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE JULY 19 1954
NAME OF CEMETERY OR CREMATORY ROCK CREEK
LOCATION (City, town, or county) (State) WASHINGTON DC.

DATE REC'D BY LOCAL REG. July 17-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S.H. Hines Co. 2901 14th St N.W. DC ADDRESS

RECEIVED
JUL 19 1 :
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6621

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06639

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Ritchie Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY mty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 10 Ritchie Ave

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) ((Last) Tracy

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-19-34

9. AGE last birthday: yrs. 20; If under 1 year: Months 4, Days 22; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Memphis Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Tracy

14. MOTHER'S MAIDEN NAME: Grace Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Laryngeal obstruction due to tumor — Interval Between Onset and Death: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 0 / (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined .*

SIGNATURE: Frank J Bregstrait M.D. (Degree or title) ADDRESS 6 Jackson Rockville Md DATE SIGNED 7-11-54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial DATE THEREOF July 13, 54 NAME OF CEMETERY OR CREMATORY Lincoln Park LOCATION (City, town or county) Rockville md (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06640

6622

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place) 44 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 1
STREET ADDRESS (If rural give location) 7408 Carroll Ave.

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) none (Last) Dorsey

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 5-30-1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George William Sheffield
14. MOTHER'S MAIDEN NAME: Alice Sheffield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes — Indefinite

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1954, to July 11, 1954 that I last saw the deceased alive on July 10, 1954, and that death occurred at 6:30 M, from the causes and on the date stated above.

SIGNATURE: [signature] ADDRESS: M.D. 6910 5th St. Nw. Wash. DC DATE SIGNED: July 11 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/13/1954
NAME OF CEMETERY OR CREMATORY: Congressional Cemetery
LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REGISTRAR: July 13 1954 7-14-54
REGISTRAR'S SIGNATURE: [signature] Deputy Nelson Dodd Reg.
24. FUNERAL DIRECTOR: E. Gasch's Sons ADDRESS: Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 15 1954
BUREAU

06641

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6673 **CERTIFICATE OF DEATH** Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 month 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3603 14th Street NW ✓

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Widney (Last) DOWLING
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	widowed	December 16 1866	87 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Washington, D.C.	US

13. FATHER'S NAME: Thomas Dowling
14. MOTHER'S MAIDEN NAME: Amanda Widney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Unk			Mrs. D. Halsted 3603 14th St. NW Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerosis, generalized — 10-15 yrs.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma, stomach — 3 mo.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-		YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1954, to 7 July, 1954, that I last saw the deceased alive on 7 July, 19 54, and that death occurred at 5:48 PM, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
[illegible] LT MC USN U.S. NAVAL HOSPITAL NNMC Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10 July 1954	Oak Hill	Georgetown, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/12/54	Mary E. Farrelly	Geier's Sons Funeral Home 3609 14th St. NW

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06642

C623 CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Moota MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7420 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 1336 Otis Place N.W.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) M (Last) Drury
4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 17 1874
9. AGE last birthday: 79
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manassas, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Warring
14. MOTHER'S MAIDEN NAME: Martha V. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: G Lee Drury 1336 Otis Place N.W. Wash, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute Coronary
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) thrombosis
DUE TO
(c)

Interval Between Onset And Death: 5-24 54

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility, Severe

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.24, 1954, to 7.23 1954 that I last saw the deceased alive on 7-23 1954, and that death occurred at 5-25-54 from the causes and on the date stated above.

SIGNATURE Joseph R Jordan M D (Degree or title) ADDRESS PM 5412 Colo Ave Wash D DATE SIGNED 7-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-26-54
NAME OF CEMETERY OR CREMATORY Glenwood Cem
LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REGISTRAR July 23rd 1954
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR The S H Hines Co ADDRESS 2901-14 St. N.W. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 26 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

06643

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (In this place): 2 d. 4 h. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nat. Institute of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Mont Co — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — STREET ADDRESS (If rural, give location): 2 Sudgrove Lane

3. NAME OF DECEASED (Type or Print): First: Frederick — (Middle): G. — (Last): Dudley

4. DATE OF DEATH: (Month): July — (Day): 4 — (Year): 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Aug 23, 1886

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred H. Dudley

14. MOTHER'S MAIDEN NAME: Annie Cheney (McHENRY)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 520-18-9970

17. INFORMANT AND ADDRESS: Mrs. Carol Dudley, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Thrombosis of right coronary artery	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Emphysema of lungs	7 yrs
	(c) Chronic cor pulmonale	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: White at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Woerthwein M.D. — ADDRESS: Gaithersburg Md. — DATE SIGNED: 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 7-7-54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 7/7/54 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Robert C. Armstrong — ADDRESS: Bethesda, Md.

Item 18 Film G168A 8-2-54 ams

06644

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6675

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE District COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural X LENGTH OF STAY (in this place) 14 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50	STREET ADDRESS (If rural give location) 5037 Hanna Place SE

3. NAME OF DECEASED: (Type or Print)	(First) Richard	(Middle) T.	(Last) DUDLEY	4. DATE OF DEATH	(Month) July	(Day) 17	(Year) 1954
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: 19 March 1954	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months 3	Days 23	IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10B. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Edward B. Dudley		14. MOTHER'S MAIDEN NAME: Anna Slattery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS: Father: 5037 Hanna Place SE Washington, D.C.	

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSE (S) DUE TO Cor Triloculare

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) [illegible] — 4 mos

DUE TO Absence of Tricuspid Valve

(C) Intra auricular septal defect

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Single ventricle

19A. DATE OF OPERATION: 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 July, 1954 to 17 July, 1954, that I last saw the deceased alive on 17 July, 1954, and that death occurred at 10:40A M, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
[illegible] D. J. [illegible] LT MC USN	U.S. NAVAL HOSPITAL NNMC BETHESDA, MARYLAND	7-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	19 July 1954	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
17 July 1954	[illegible]	R. A. PUMPHREY Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

JUL 20 1954
BUREAU V.

6676

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06645

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Silver Spring
STREET ADDRESS (If rural give location) 2023 Lanier Drive

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Peter (Last) Duhn
4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb. 29, 1892
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Fertilizer
11. BIRTHPLACE (State or foreign country): Hamburg, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Augustus Heinrich
14. MOTHER'S MAIDEN NAME: Martha Hillers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~xxxxx~~ (If Yes, give war or dates of service) ~~xxxxxxxx~~
16. SOCIAL SECURITY No.: 577-03-2429
17. INFORMANT & ADDRESS: Cora Duhn (wife) 2023 Lanier Dr. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bladder
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death: 1 yr. + 7 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1954, to July 18, 1954, that I last saw the deceased alive on July 17, 1954 and that death occurred at 9:20 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Bhitty MD ADDRESS 6911 5th St NW Washington DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 20, 1954
NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery
LOCATION (City, town, or county) (State) Gaithersburg, Md.
DATE REC'D BY LOCAL REGISTRAR 7-22-54
REGISTRAR'S SIGNATURE Francis Tott
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06646

6624

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 1003 North Edison Street

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) Eula (Last) Dulaney

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9.29.89
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George W. Cox
14. MOTHER'S MAIDEN NAME: Willie Ann Birchhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None Known
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Severe Malnutrition — 8 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Schizophrenic Reaction c̄ Depression — 16 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Possible uremia — 2 days

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954, to July 24, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 3:22 a.M, from the causes and on the date stated above.

SIGNATURE Henry E. Andrén M. D. ADDRESS Takoma Park Md 7600 Carroll Ave. DATE SIGNED July 25, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7/25/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR July 25 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C. P. Ives, by: C.M.J. ADDRESS Arlington, Va.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 27 1954
BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

06647

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C677 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5220 Rayland Drive X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5220 Rayland Drive

3. NAME OF DECEASED: (First) CHARLES (Middle) W. (Last) DUNKLEY (Type or Print)

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 14, 1892	61 yrs.	10	20		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret.		Pennsylvania	US

13. FATHER'S NAME: William Dunkley

14. MOTHER'S MAIDEN NAME: Annie Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes	WW I	None	Mrs Margaret J. Dunkley-Item 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE (B) DUE TO (B) Coronary atherosclerosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO General atherioscleros is — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tabes Dorsalis — Unknown

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947 to July 4 1954 that I last saw the deceased alive on April 1954, and that death occurred at 5:05 A M, from the causes and on the date stated above.

SIGNATURE Francis J Murray — M. D. ADDRESS 2111 Bancroft Pl NW — DATE SIGNED 7-4-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7-6-54	Cedar Hill	Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/5/54	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

RECEIVED
JUL 7 1954
BUREAU V. S.

6678 06648

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4708 Langdrum La.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X Chevy Chase
STREET ADDRESS (If rural, give location) 3602 Underwood St

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) Cox (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year) July 13 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/10/1921

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months 11 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Johns-Hopkins

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Research Frederick H. Cox

14. MOTHER'S MAIDEN NAME: Mary B. Leachman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Vernon [illegible]. Dunn-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxia due to carbon — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Moderate Lacerating — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 7/10/1954

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 7/14/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06649

6679

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Gaithersburg
LENGTH OF STAY (in this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Gaithersburg
STREET ADDRESS (If rural give location) 10 George St

3. NAME OF DECEASED: (Type or Print) (First) Manie (Middle) Purdum (Last) Dutrow
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan 29, 1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 5 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Work
11. BIRTHPLACE (State or foreign country): Montg, Co. Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James H. Purdum
14. MOTHER'S MAIDEN NAME: Diathe D. Boyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Robert Dutrow, Gaithersburg . Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac failure — Interval Between Onset And Death: 4 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic emphysema — 2 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to July 24, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 9:15 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) F J Broschart MD
ADDRESS Gaithersburg Md
DATE SIGNED 7-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Array
DATE THEREOF 7-26-54
NAME OF CEMETERY OR CREMATORY Clarksburg
LOCATION (City, town, or county) (State) Clarksburg, Md.

DATE REC'D BY LOCAL REGISTRAR July 25, 1954
REGISTRAR'S SIGNATURE Alsuda G. Cook
24. FUNERAL DIRECTOR Ernest C. Gartner, Gaithersburg, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 28 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06650

CERTIFICATE OF DEATH

Reg. Dist. No. 213

6680

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1/2 Chevy Chase Sect. 4 LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY, (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1/2 Chevy Chase Sect. 4 Rockville Rural
STREET ADDRESS (If rural give location) Rockville Rt 4

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WASHINGTON (Last) DUVALL

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 13 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): JANITOR

10b. KIND OF BUSINESS OR INDUSTRY: Coal House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas C. Duvall

14. MOTHER'S MAIDEN NAME: Henrietta Lusby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Russell Duvall 1615 Rockcrest Rd Rockville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cardiac asthma — Interval Between Onset And Death: 12 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Thrombosis — 7 d.

DUE TO

(c) arteriosclerosis — Indef

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/54, to 7/17/54, that I last saw the deceased alive on 7/12/54, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Jones M.D. — ADDRESS Rockville Md — DATE SIGNED 7/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/19/54 — NAME OF CEMETERY OR CREMATORY Veirsaw — LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REGISTRAR July 19 1954 — REGISTRAR'S SIGNATURE Beatrice M. Jarboe

24. FUNERAL DIRECTOR Ray W. Hurd & Sons — ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 20 1954
BUREAU V.

06651

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0681

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney X
LENGTH OF STAY (in this place) 19 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) R# 2

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) Mareen (Last) Duvall

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/22/1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: General construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William S. Duvall

14. MOTHER'S MAIDEN NAME: Sarah Rich

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diffuse Subarachnoid hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ruptured Congenital Aneurysm, Anterior
DUE TO
(c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy and Dilatation of Heart

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9/1954 to 7/12/1954 that I last saw the deceased alive on 7/14, 1954 and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 7/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 15, 1954 NAME OF CEMETERY OR CREMATORY Union Cemetery LOCATION (City, town, or county) (State) Burtonsville, Md

DATE REC'D BY LOCAL REGISTRAR July 15-54 REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1 4
BUREAU V. S.

06652

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6625 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 8011 Carrollave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Elliott

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-17-1889
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Washington Post Office
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward C. Elliott
14. MOTHER'S MAIDEN NAME: Penelope Edelin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Navy 1910-14
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Adeno Carcinoma of Rectum c̄ Metastasis — Nov 1952

DUE TO

(C) "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes — March 1953

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3-, 1954, to 7-18-, 1954, that I last saw the deceased alive on 7-18-, 1954, and that death occurred at 8:10 A M, from the causes and on the date stated above.

SIGNATURE Glenn E. Rice MD
ADDRESS 8226 Colesville Rd. Silver Spring Md.
DATE SIGNED 7-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-21-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Rene Geo. Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 18th 1954
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR N. W. Tallavull
ADDRESS 3619-14 N. W. W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 20 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

6682

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06653

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 10-yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 E Kirk St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6 E. Kirk St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Morton	Alton	English	July	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	3-8-1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Englis	Amanda Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Mary Englis (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Died in bed

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bozeman	M.D.	Gaithersburg Md	7-25-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28, 1954	Rock Creek.	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/26/54	[illegible]	Joseph Bowlen Sons.	1756 PA. ave. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

6626 2411 N. Charles Street, Baltimore 06654

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 HUDSON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 700 HUDSON AVE.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) ERNEST
4. DATE OF DEATH (Month) JULY (Day) 7 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) unknown
8. DATE OF BIRTH Nov. 6, 1859
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME SAMUEL T. ERNEST
14. MOTHER'S MAIDEN NAME ELIZABETH V. SHECKLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS ETHEL VIEHMEYER WASHINGTON, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart disease c̄ Hypertension	11 yrs
	(c) Chronic Bronchitis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1944, to 7-7, 1954, that I last saw the deceased alive on 7-6, 1954 and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE Francis V. Richardson (Degree or title) ADDRESS 7717 Alaska Ave N.W. Wash D.C. DATE SIGNED 7-7-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9-1954
NAME OF CEMETERY OR CREMATORY Glenwood Cem.
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. July 9-1954
REGISTRAR'S SIGNATURE F. Nelson Dodd
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 1:

BUREAU V. S.

06655

6683 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 film G168A 7/28/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural ✓

LENGTH OF STAY (in this place): 2 to 24 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.

STREET ADDRESS (If rural give location): 4607 Golf Place NE ✓

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Bell (Last) FALKENER

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-25-93

9. AGE last birthday: 56 / 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Berton Perry

14. MOTHER'S MAIDEN NAME: Della Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mr. Julius Ceasar Falkener 4607 Golf Place NE Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) tabes dorsalis — 10 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. arteriosclerosis generalized

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 April 1954, to 15 July, 1954 that I last saw the deceased alive on 15 July 1954, and that death occurred at 5:35 AM, from the causes and on the date stated above.

SIGNATURE: C. S. [illegible] CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — ADDRESS — DATE SIGNED: 7-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 20 July 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery, Arlington, Virginia — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: 17 July 1954 — REGISTRAR'S SIGNATURE: Mary E. Connelly

24. FUNERAL DIRECTOR: Williams Funeral Home, 445 Deane AVE NE Washington, D.C. — ADDRESS

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 20 1954

BUREAU V.

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06656
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yorktown Village-Wash. 16, D.C.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5110 Worthington Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Yorktown Village-Wash. 16, D.C.
STREET ADDRESS (If rural, give location) 5110 Worthington Drive

3. NAME OF DECEASED: (Type or Print) (First) AUBREY (Middle) BASIL (Last) Fennell

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: [illegible]-1[illegible]

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 0 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Judge-Municipal Court, Wash. D.C.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: illiam F. Fennell

14. MOTHER'S MAIDEN NAME: Sarah Meagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Catharine M. Fennell-[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-17-54

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7/14/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

FILED
- 3 1954
U. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06657

CERTIFICATE OF DEATH

Ite, 12 film G168A 7/26/54 CM

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1603 Dublin Drive

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Frederick (Last) Fischer
4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 1.22.69
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Fischer
14. MOTHER'S MAIDEN NAME: Augusta Gundiell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records -

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis ~~Hypertension~~ generalized + Cerebral — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hematoma Left Parietal Lobe — mos

19A. DATE OF OPERATION: 7/18/54 3
19B. MAJOR FINDINGS OF OPERATION above plus quiescent, pulmonary Tbc. + splenitis
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1953 to 7/8, 1954, that I last saw the deceased alive on 7/8, 1951, and that death occurred at 2:50 PM, from the causes and on the date stated above.

SIGNATURE Charles Farrell M.D. ADDRESS Silver Spring Md DATE SIGNED 7/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7/22/54 NAME OF CEMETERY OR CREMATORY Prospect Hill LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR July 20-1954 REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06658

6628

CERTIFICATE OF DEATH

Reg. Dist. No. 223

Washington Sanitarium & Hospital

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery County
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 502 Ethan Allen Avenue 17
STREET ADDRESS (If rural give location) Takoma Park, Maryland

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) Otto (Last) Fransecky

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH 5-24-64
9. AGE last birthday 90 yrs. IF UNDER 1 YEAR Months 1 Days 10 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Fransecky
14. MOTHER'S MAIDEN NAME: Joanna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Max Wolf, 502 Ethan Allen Ave. Takoma Park, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ACUTE MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S) DUE TO (B) CORONARY DISEASE — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ~~DUE TO~~ (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TERMINAL PNEUMONIA — 3 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1954, to July 4, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 8 P M, from the causes and on the date stated above.

SIGNATURE C R Anderson M.D. ADDRESS Takoma Park 12, Md. DATE SIGNED 7-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 7/7/54
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR July 9 1954
REGISTRAR'S SIGNATURE J. Wilmer Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 12 1954
BUREAU V. S.

C685

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06659

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring ✓ LENGTH OF STAY (in this place) 22 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 Highview Ave.	STREET ADDRESS (If rural, give location) 312 Highview Ave.

3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
(First) Charles (Middle) H. (Last) Gaskins	(Month) July (Day) 26 (Year) 1954	Male	White	Married	4/1/88	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer - F.H.A. U.S. Government		Washington, D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Gaskins	Mary A. Mullin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WW #1	218-20-1696	Mrs. Carolyn Gaskins, 312 Highview Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ruptured aortic aneurysm	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiac decompensation	6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 54, to 26 July, 19 54 that I last saw the deceased alive on 25 July, 19 54, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Auf	M D	Silver Spring	26 July 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/54	St. John's Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	[illegible]	Warner & Lumpkey	8434 Georgia Ave. Silver Spring, Md.

VS. A15

RECEIVED
JUL 29
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06660

CERTIFICATE OF DEATH

6686 Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Stockton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 12 Stockton Road

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) E. (Last) Gatzke

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 17, 1880

9. AGE last Birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY? —

11. BIRTHPLACE (State or foreign country): Milwaukee Wis.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert Erdman

14. MOTHER'S MAIDEN NAME: Unknown Groth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Irvin H. Gatzke 12 Stockton Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.0
Immediate cause (a) Arteriosclerotic Heart Disease — —
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25, 1954 to 7/31, 1954, that I last saw the deceased alive on 7/31, 1954, and that death occurred at 9:40 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Marion Bamford M.D. ADDRESS Silver Spring Md. DATE SIGNED 7/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Transit - Burial DATE THEREOF Aug. 2, 1954 NAME OF CEMETERY OR CREMATORY Pilgrims Rest Cemetery LOCATION (City, town, or county) Milwaukee (State) Wis.

DATE REC'D BY LOCAL REGISTRAR 8-2-54 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Geare S. S. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4
BUREAU V. S.

6687 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06661

CERTIFICATE OF DEATH

Reg. Dist. No. 217

Item 9 film G168A 7/26/54 cm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home — Olney Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring —
STREET ADDRESS (If rural give location) 8712 Colesville Rd. Apt 103.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) A. (Last) Gingell
4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH: Oct. 31 1871
9. AGE last birthday: 82 18[illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Potomac, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Gingell
14. MOTHER'S MAIDEN NAME: Mary Howe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Barbara W. Howe Daughter 8712 Colesville Rd. Apt 103. Silver Spg.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) CARDIAC ARREST — 6 MO.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) GEN. ARTERIOSCLEROSIS 1ST SENILITY
DUE TO (c) + GANGRENE RT. FOOT DUE TO ARTERIOSCLEROSIS —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 1954, to 17 July, 1954, that I last saw the deceased alive on 15 July, 1954, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE John Bailey Ziegler (Degree or title) — ADDRESS Olney Md — DATE SIGNED 17 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 20 '54 — NAME OF CEMETERY OR CREMATORY Emory Grove — LOCATION (City, town, or county) Olney (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-19-54 — REGISTRAR'S SIGNATURE Bernice B Lawlor — 24. FUNERAL DIRECTOR Jos. H. Beatty Jr — ADDRESS Rockville Md

VS. A15

RECEIVED
JUL 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C629

CERTIFICATE OF DEATH

06662

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Montgomery STATE Maryland. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md. LENGTH OF STAY (in this place) 5 weeks. HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Montgomery. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring. STREET ADDRESS (If rural give location) 9005-Linton St.

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Melbourne (Last) Green

4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 30 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Patent Lawyer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Green

14. MOTHER'S MAIDEN NAME: Lillian Martin

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Yes

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia (hypostatic) DUE TO — INTERVAL BETWEEN ONSET AND DEATH: @ 40 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Huntington's Chorea DUE TO — @ 8 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19 54, to July 19 54, that I last saw the deceased alive on July 22 19 54, and that death occurred at 8:20 A M, from the causes and on the date stated above.

SIGNATURE: Bernard A Fitzgerald M. D. ADDRESS 9620 Old Bladensburg Rd. DATE SIGNED: July 23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Ship & burial

DATE THEREOF: July 24, 1954

NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery

LOCATION (City, town, or county) (State): near Akron, Ohio

DATE REC'D BY LOCAL REGISTRAR: July-23 1954

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: Silver Spring, Md.

RECEIVED
JUL 23 1954
BUREAU V. S.

06663

MARYLAND 6688

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Horace (Middle) (Last) Hamilton

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1954

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 25 1884
9. AGE last birthday 70+ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wallace Hamilton
14. MOTHER'S MAIDEN NAME Alice Jane Unknown Brentwood, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Florence Lebron - 4507 - Rhode Island Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331

Immediate cause (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 20-30 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 July, 1954, to 14 July 1954, that I last saw the deceased alive on 14 July, 1954, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Rockville Md DATE SIGNED 7/15/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-18-54
NAME OF CEMETERY OR CREMATORY Poolesville
LOCATION (City, town, or county) Poolesville, Md (State)

DATE REC'D BY LOCAL REG. 7/19/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

RECEIVED
JUL 21 1954
BUREAU V. S.

6689 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06664

CERTIFICATE OF DEATH

Item 12 film G168A 7/23/54 cm

Reg. Dist. No. 276

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write and give nearest town) Bethesda RURAL ✓ LENGTH OF STAY (in this place) 6/18/54 - 6/16/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5703 Kingate Drive

3. NAME OF DECEASED: (Type or Print) (First) Ragnhild (Middle) Margrete (Last) Hansen
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH 8/29/04
9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).
10B KIND OF BUSINESS OR INDUSTRY: HW.
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Martin Berg
14. MOTHER'S MAIDEN NAME: Marie Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 7 - 0
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Item 2 Paul Hansen, Husband.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Massive Pulmonary Infarction. 1 Month.

ANTECEDENT CAUSE (S) DUE TO (B) Mitra Cardiac Thrombi. 15 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Rheumatic Heart Disease. 40 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1949, to date , 19..., that I last saw the deceased alive on 16 July , 1954, and that death occurred at 8 10 PM, from the causes and on the date stated above.

SIGNATURE John G. Ball
ADDRESS M. D. 7936 Georgetown Rd Bethesda Md
DATE SIGNED 17 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-21-1954
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville, Maryland
DATE REC'D BY LOCAL REGISTRAR 7/19/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 21 1954
BUREAU V. S.

6690 06665

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 20 A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) East Middle Lane

3. NAME OF DECEASED: (Type or Print) (First) Hiddye (Middle) Pauline (Last) Harper
4. DATE OF DEATH (Month) (Day) (Year) July 29 1954

5. SEX: Female
6. COLOR OR RACE: Cod
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 11, 1908
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Beverly Davis
14. MOTHER'S MAIDEN NAME: Georgia Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Albert C. Harper - Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: no address

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Malignant hypertension — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-1-54
NAME OF CEMETERY OR CREMATORY Seneca
LOCATION (City, town, or county) (State) Seneca, Md

DATE REC'D BY LOCAL REG. 8/2/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

AUG
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

06666

6691

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvert Spring
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Burnt Mills Pumping Sta.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE TEXAS COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keltys
STREET ADDRESS (If rural, give location) Gen. Del

3. NAME OF DECEASED (Type or Print) (First) Augusta (Middle) (Last) Hawthorne

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1954

5. SEX M
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 16 Jul 34
9. AGE last birthday 20 yrs. If under 1 year Months 0 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier US Army
10b. KIND OF BUSINESS OR INDUSTRY US Army
11. BIRTHPLACE (State or foreign country) Keltys, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME A. C. Wackins
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 13 Feb 53 to 22 JUL 54
16. SOCIAL SECURITY No. UNKNOWN
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cephyrene by drowning — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-22-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) & Removal
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Keltys Texas

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS
US Army Lt John E Fox
Walter Reed Hospital
Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6692

Reg. Dist. No. 06667

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2911 Covington Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2911 Covington Road

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Bell (Last) Heizer

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Oct. 11, 1867

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gov't Clerk (retired) U.S. Treasury

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Heizer

14. MOTHER'S MAIDEN NAME: Sidney H. Bear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Ott F. Heizer, 300 University Ave. Los Altos, California

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lymphosarcoma - type undetermined - of — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (B) DUE TO mediastenium + retro-peritoneal space

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO (radio-sensitive — no biopsy obtainable)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Arteriosclerotic heart disease — 10 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1954, to 7-2, 1954 that I last saw the deceased alive on June 30, 1954, and that death occurred at 9:15 A M, from the causes and on the date stated above.

SIGNATURE Jason Heizer M. D. ADDRESS 931 Pershing Drive, Silver Spring, Md. DATE SIGNED 7-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7/3/54

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 7-2-54

REGISTRAR'S SIGNATURE Frances [illegible]

24. FUNERAL DIRECTOR Warner L. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JUL 9
BUREAU V. S.

Item 18 Film G168A 8-2-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06668

CERTIFICATE OF DEATH

6693 Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 6 2/3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 3017 Homewood Parkway

3. NAME OF DECEASED: (First) Frances (Middle) Allen (Last) Hemphill
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: March 21, 1883
9. AGE last birthday: 71 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Camden, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HOWARD Allen
14. MOTHER'S MAIDEN NAME: MARY Harker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Kensington, Md. Wesley L. Hemphill, 3017 Homewood Pkwy.,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial failure
ANTECEDENT CAUSE (B) DUE TO Myelophthisic Anemia or 2 years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Chron-granulocytic leukemia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954 to July 11, 1954 that I last saw the deceased alive on July 11, 1954, and that death occurred at 7:40 AM, from the causes and on the date stated above.
SIGNATURE James A. Robert M.D. ADDRESS 8907 Geo. Ave. Silver Spring, Md. DATE SIGNED July 11, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Ship. & burial
DATE THEREOF July 12, 1954
NAME OF CEMETERY OR CREMATORY Lake View Memorial Park
LOCATION (City, town, or county) (State) Riverton, New Jersey

DATE REC'D BY LOCAL REGISTRAR 7/1-/54
REGISTRAR'S SIGNATURE Beanie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
JUL 19 19[illegible]
BUREAU V. S.

6694

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06669

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS --

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville Md.
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Henderson

4. DATE OF DEATH (Month) July (Day) 12, (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Feb 1, 1875

9. AGE last birthday 79 years yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Louisville, Ky

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Nicholas Rammacker

14. MOTHER'S MAIDEN NAME Catherine Gadoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs Walter Brickerd Burtonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	4 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	1 yr
	(c) Myocarditis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nil

19a. DATE OF OPERATION /

19b. MAJOR FINDINGS OF OPERATION /

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) /

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) /

TIME OF INJURY (Month) (Day) (Year) (Hour) m. /

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? /

22. I hereby certify that I attended the deceased from 8/1/, 1953, to 7/7/, 1954, that I last saw the deceased alive on 7/7/, 1954, and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 7/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Transportation

DATE THEREOF July 13, 1954

NAME OF CEMETERY OR CREMATORY Calvert Cemetery

LOCATION (City, town, or county) (State) Louisville, Kentucky.

DATE REC'D BY LOCAL REG. July 13 1954

REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

Olney Md July 15 - 54 Gertrude B Lawler

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06670

6695

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington, Md
LENGTH OF STAY (in this place) 6/12/53 to 7-13-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 810 Missouri Ave N.W.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Wein (Last) Herrmann
4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: March 1 - 1867.
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home (ret.)
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Wein
14. MOTHER'S MAIDEN NAME: Marie Kauffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Carl F. Herrmann, 810 Missouri Ave., N. W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic heart disease — year

DUE TO

(c) Hypertension — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to 7/13, 1954 that I last saw the deceased alive on 7/13, 1954, and that death occurred at 7:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles M Weber MD
ADDRESS 12600 Parkland Dr. Rockville Md
DATE SIGNED 7/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 16, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-15-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

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6696

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2104 Belvedere Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2104 Belvedere Blvd.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) LOUIS (Last) HEYDEGGER, JR.

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 6, 1906

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Engineer, John Hopkins Applied Physics Lab.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utica, N. Y.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Louis Heydegger

14. MOTHER'S MAIDEN NAME: Sarah Snell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Florence Eleanor Heydegger, 2104 Belvedere Blvd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rectum since 12/30/53 — Interval Between Onset and Death: 7 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was admitted Bethesda

19a. DATE OF OPERATION: Jan 7/54 — 19b. MAJOR FINDINGS OF OPERATION: Ca. of Rectum — Resection (Suburban Hospital) — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30/53, 19..., to 7/2/54, 19..., that I last saw the deceased alive on 7/1/54, 19..., and that death occurred at 9:40P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Kensington, Md. 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 7/3/54 — NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery — LOCATION (City, town, or county) (State): Utica, Oneida County, N.Y.

DATE REC'D BY LOCAL REG. 7-3-54 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR: Warwick Dunphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

JUL 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06672

6697

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X

LENGTH OF STAY (in this place) 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7202 Exeter Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

STREET ADDRESS (If rural give location) 7202 Exeter Road

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) E. (Last) HICKS

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Mch 10, 1883	71 yrs.	4	19		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	District of Columbia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Martin Etter	Emma Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mrs. M. Mallet Prevost-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis underlying Cause — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension. — Unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Hemorrhage-(old) — 1 4 Months. Acute Congestive Heart Failure. — 2 1 Months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	None	None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
None M.		None

22. I hereby certify that I attended the deceased from Dec. 18, 1952 to July 29, 1954 that I last saw the deceased alive on July 28, 1954, and that death occurred at 5:30 A M, from the causes and on the date stated above.

SIGNATURE James M. Loftus — ADDRESS M.D. 1643-Park Road-Wash D.C. — DATE SIGNED July 29, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/31/1954	Mt. Olivet	Washington D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/3/1954	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06673

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CERTIFICATE OF DEATH

Reg. Dist. No. 2.5

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 216 Locust Lane

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) McEaddy (Last) HILLIARD JR

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: July 16, 1945
9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas McEaddy HILLIARD
14. MOTHER'S MAIDEN NAME: Madeline TULIPANE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT & ADDRESS: USNTC, Bainbridge, Md. Father: Thomas M. HILLIARD BMC USN

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 192 X
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Glioma of pons and medulla — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.
DUE TO
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-2-54
19B. MAJOR FINDINGS OF OPERATION: Glioma in posterior fossa
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 June, 1954 to 3 July, 1954, that I last saw the deceased alive on 3 July, 1954, and that death occurred at 1:15 M. from the causes and on the date stated above.

SIGNATURE E.P. Thelen
E.P. THELEN LCDR MC USN
ADDRESS Bethesda, Maryland
M.D. U.S. Naval Hospital
DATE SIGNED 3 July 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6 July 1954
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): StPetersburg Florida

DATE REC'D BY LOCAL REGISTRAR: 5 July 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R.A. PUMPHREY
ADDRESS: 7557 Wisconsin Ave Bethesda, Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06674

6699 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney — LENGTH OF STAY (in this place) 2 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.	STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Sue (Last) Hobbs — 4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: 7/3/54 — 9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert Phillip Hobbs — 14. MOTHER'S MAIDEN NAME: Myrtle Deffie Brooks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Atelectasis + Bronchopneumonia — 2 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1954, to 7/5, 1954, that I last saw the deceased alive on 7/4, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD — ADDRESS Sandy Spring, Md — DATE SIGNED 7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/6/54 — NAME OF CEMETERY OR CREMATORY Colesville Md — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 7-6-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR [illegible] — ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06675

6700 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Surburban Hospt

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural give location) 4535 Q St NW

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) P (Last) Holleran
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb 15 1870
9. AGE last birthday: yrs. 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Foreman
10b. KIND OF BUSINESS OR INDUSTRY: D.C. Govt.
11. BIRTHPLACE (State or foreign country): Wash D C.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James Holleran
14. MOTHER'S MAIDEN NAME: Winifred —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Ella Holleran 4535 Q St NW.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension, DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953, to 7/23 1954, that I last saw the deceased alive on 7/23 1954, and that death occurred at 7/23/54, from the causes and on the date stated above.

SIGNATURE (Degree or title) Andrew E. Rudnai M.D. ADDRESS 1025 Conn. Ave. DATE SIGNED 7/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/26/54
NAME OF CEMETERY OR CREMATORY Holy Rood.
LOCATION (City, town, or county) (State) Wash D C.

DATE REC'D BY LOCAL REGISTRAR 7/26/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR WW Chambers Co
ADDRESS 3072 - M St NW Wash. D.C.

VS. A15

RECEIVED
JUL 2..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06676

6701 **CERTIFICATE OF DEATH**

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spg.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2002 Rockwood Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Margaret R. Horney

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) M.

8. DATE OF BIRTH: MAY 16 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: H.W

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John R. Murray

14. MOTHER'S MAIDEN NAME: Jane Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Robert A. Horney

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis, Generalized

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to July 11, 1954, that I last saw the deceased alive on July 11, 1954, and that death occurred at 5:35 PM, from the causes and on the date stated above.

SIGNATURE Raymond Bradshaw M. D. — ADDRESS 10331 Old Georgetown Rd Silver Spring Md — DATE SIGNED July 12, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 7/11/54 — NAME OF CEMETERY OR CREMATORY: WASHINGTON — LOCATION (City, town, or county) DC (State)

DATE REC'D BY LOCAL REGISTRAR 7-13-54 — REGISTRAR'S SIGNATURE Frances Potts

24. FUNERAL DIRECTOR Wm. Lee Sons — ADDRESS B. Wash. D.C.

RECEIVED
JUL 15 1954
BUREAU V.

6630

06677

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 804 Maplewood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) L. (Last) Hull

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX Fe | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH July 8, 1872 | 9. AGE Last birthday 82 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Operator - Librarian | 10b. KIND OF BUSINESS OR INDUSTRY Bell Teyphone Co. | 11. BIRTHPLACE (State or foreign country) Elkhart Indiana | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Jackson C. Hull | 14. MOTHER'S MAIDEN NAME Angeline Eckert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS W. L. Hull, 8205 Flower Ave. Takoma Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH 15 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes (slight). Cystitis, mild

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to July 18, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 11:05 P. m., from the causes and on the date stated above.

SIGNATURE John N. Andrews (Degree or title) M.D. | ADDRESS 960 Colesville Rd Silver Spring Md | DATE SIGNED 7-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 22, 1954 | NAME OF CEMETERY OR CREMATORY Oakwood Cemetery | LOCATION (City, town, or county) Chicago, (State) Illinois

DATE REC'D BY LOCAL REG. July 20 1954 | REGISTRAR'S SIGNATURE F. Wilson Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 254 Carroll St. NW Takoma Park D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 22 1954
BUREAU V. S.

06678

MARYLAND

6631

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma park; MARYLAND LENGTH OF STAY (In this place) 11 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7911 Garland Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma park; STREET ADDRESS (If rural, give location) 7911 Garland ave

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Tenney (Last) Isreal

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: oct 18 1880

9. AGE Last Birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Rome NY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Tenney

14. MOTHER'S MAIDEN NAME: Georgiana Perry.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 013-18-4788A

17. INFORMANT AND ADDRESS: Miss Frances Isreal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	1 Mo.
Antecedent cause(s)	General arteriosclerosis	6 Mos
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Breast. Liver.	4 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1954, to July 23 1954, that I last saw the deceased alive on July 22 1954, and that death occurred at 12 09 a.m., from the causes and on the date stated above.

SIGNATURE L D Malin (Degree or title) MD ADDRESS Riverdale, Md DATE SIGNED July 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Permit | DATE July 26, 1954 | NAME OF CEMETERY OR CREMATORY North Lancaster, Mass. | LOCATION (City, town or county) North Lancaster (State) Mass.

DATE REC'D BY LOCAL REG. July 29 1954 | REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Arthur L Davis ADDRESS 254 Carroll St. N.W., Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06679

CERTIFICATE OF DEATH

6632 Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 720 Bayfield St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 720 Bayfield St

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Jacobs (Last)
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Oct 10 1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamilton Ont Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lansing
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Howard Jacobs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebrovascular Accident

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease — 3 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1954, to July 25, 1954; that I last saw the deceased alive on July 25, 1954, and that death occurred at 9:00 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Boris Rabkin M.D. ADDRESS 1200 Elsmore Street Silver Spring DATE SIGNED July 25 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-27-54
NAME OF CEMETERY OR CREMATORY Mt Hebron
LOCATION (City, town, or county) (State) MY

DATE REC'D BY LOCAL REGISTRAR July 25 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Goldberg Funeral Home
ADDRESS Wash DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06680

6702

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 13, 14 film G168A 7/3[illegible]/54

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Kenneth (Middle) (Last) Johnson

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1954

5. SEX Male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-11-1909

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME Ethel Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Fosh Rec. Ind

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia due to aspiration of vomitus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peritonitis due to bullet wounds in abdomen

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 1/3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Olney (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-26-54-4:30 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot in abdomen with 22 rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Frank C. Broyhurt (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 6/54 NAME OF CEMETERY OR CREMATORY Norbeck LOCATION (City, town, or county) Norbeck Md (State)

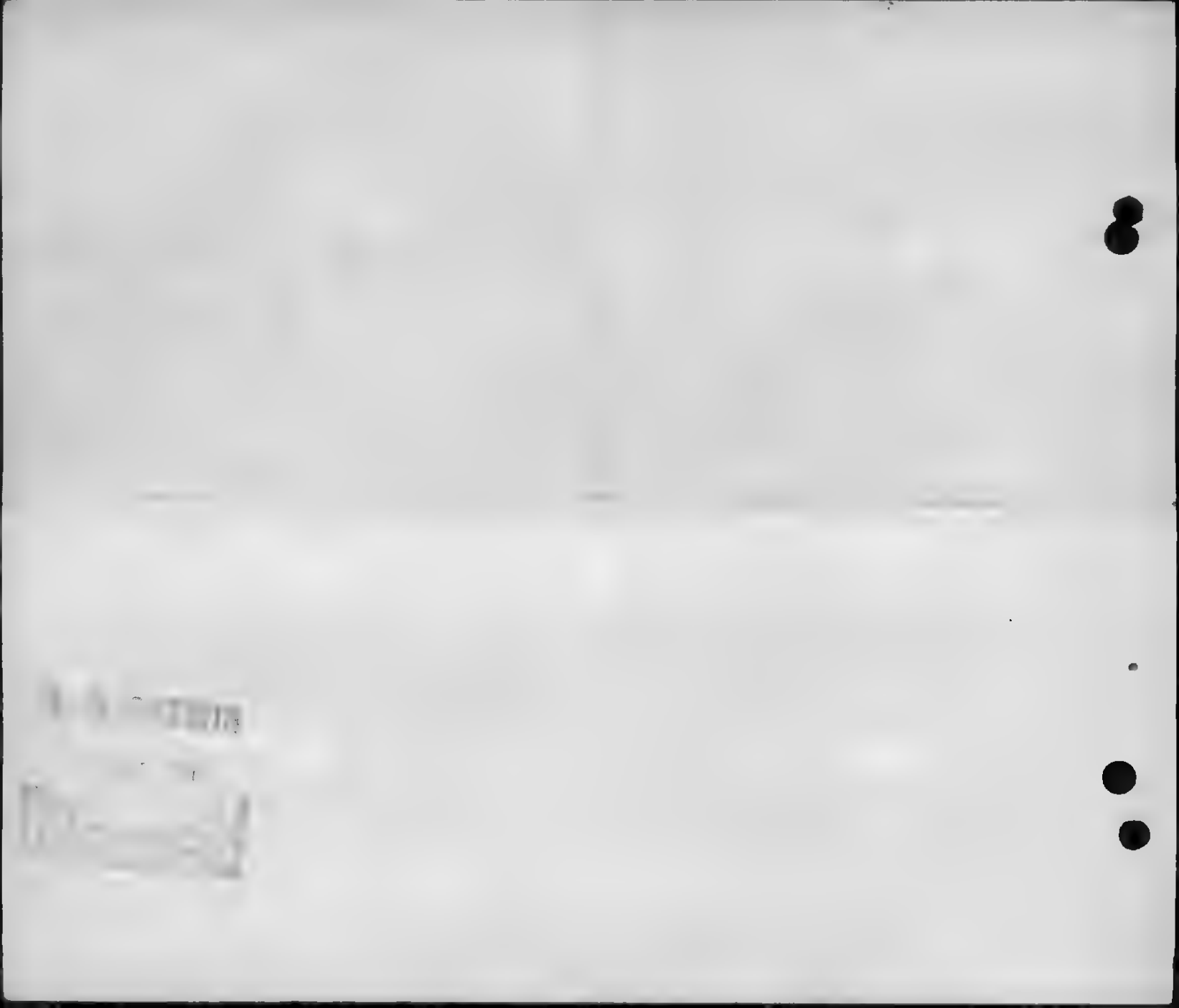
DATE REC'D BY LOCAL REG. 7-6-54 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Robert S Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06681

CERTIFICATE OF DEATH

Reg. Dist. No. 216

6703

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 23 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location) Between Boyds & Germantown

3. NAME OF DECEASED: (First) Robert (Middle) (Last) JONES
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro		Aug. 25, 1888	65 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer ?	Railroad	Virginia	U.S.A.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			John H. Jones, Lincoln Park Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis — 12 years

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1954 to 7/28, 1954, that I last saw the deceased alive on 7/28/54, 19..., and that death occurred at 9:15 A M, from the causes and on the date stated above.

SIGNATURE W. H. Hall M. D. ADDRESS Rockville Md. DATE SIGNED 7/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-31-54	St Marks	Boyds, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/2/54	Bernice M. Thompson	Robert L. Snowden	Rockville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 4 ..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 06682

6704 CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darnestown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #3 Gaithersburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darnestown
STREET ADDRESS (If rural give location) R.F.D. #3 Gaithersburg

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) C. (Last) JONES

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/15/1876

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months 11 Days 25 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Glenn, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry M. Clagett

14. MOTHER'S MAIDEN NAME: Elizabeth Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Margaret C. Jones-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — 1 hr

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 30 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: (1)

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 52, 19.., to 10 July, 19 54, that I last saw the deceased alive on 10 July, 19 54, and that death occurred at 6:40 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Rockville, Md. DATE SIGNED 10 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7/12/1954

NAME OF CEMETERY OR CREMATORY St. Mary's

LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR July 14 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR [signature]

ADDRESS Bethesda, Md.

RECEIVED
JUL 13 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06683

6705 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY MONTGOMERY- MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 16- WEST LENOX ST

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) ANDREW- (Last) KEITY
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Married~~ Widowed
8. DATE OF BIRTH: JAN. 27 1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PhysciANN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MASS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John - Keity
14. MOTHER'S MAIDEN NAME: MARY ALICE ROE-

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: GERALDINE KEITY - Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of thyroid with Metastases DUE TO — Interval Between Onset And Death 3 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO —
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerotic Heart Disease 7 year

19a. DATE OF OPERATION: 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Thyroid
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 1, 1937, to July 17, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Bacon M.D. ADDRESS 1150 Conn. Ave NW. DATE SIGNED July 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION - DATE THEREOF July 21, 1954 NAME OF CEMETERY OR CREMATORY CEDAR Hill LOCATION (City, town, or county) Suitland (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7/19/54 REGISTRAR'S SIGNATURE Bessie M. Lawson
24. FUNERAL DIRECTOR ADDRESS JOSEPH RAWLER'S SONS

VS. A15

RECEIVED
JUL 21 19[illegible]
BUREAU V. S.

06684

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6706 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; LENGTH OF STAY (in this place) 3 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS #4 Parkview Road	STREET ADDRESS (If rural give location) #4 Parkview Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) P. (Last) KENNEDY			4. DATE OF DEATH (Month) July (Day) 26 (Year) 1954		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 3, 1877	9. AGE last birthday 76 yrs.	If under 1 year Months 2 Days 18; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Political Writer	10b. KIND OF BUSINESS OR INDUSTRY Eve. Star		11. BIRTHPLACE (State or foreign country) Lake City, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Kennedy			14. MOTHER'S MAIDEN NAME Mary Quinn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 579-03-1732		17. INFORMANT Mrs. Nancy Kennedy		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Rectum	2 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug 1952	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1954, to 7/26, 1954, that I last saw the deceased alive on 7/25, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James [illegible] Lingston M.D. ADDRESS 5506 Center St. Ch. Ch. Md DATE SIGNED 26 July 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/28/1954	NAME OF CEMETERY OR CREMATORY St. John's Catholic	LOCATION (City, town, or county) (State) Forest Glen Maryland
DATE REC'D BY LOCAL REG. 7/26/54	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1954
BUREAU V. S.

06685

MARYLAND 6707

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
MARYLAND
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 104 W. Jefferson Street

3. NAME OF DECEASED (Type or Print): (First) Eliza (Middle) Barrett (Last) KILGOUR

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 19, 1866

9. AGE last birthday: 88 yrs. If under 1 year: Months 3 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Montg. Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah Barrett

14. MOTHER'S MAIDEN NAME: Lydia Forrest Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles Prettyman-nephew-S. Perry St. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42

Immediate cause (a) Cardiac failure due to — Interval between onset and death: 30 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Auricular fibrillation due to coronary — 24 hrs.

(c) arteriosclerosis — Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. multiple aortic aneurysms

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954 to July 2, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen R. Jones M D Rockville Md 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7/5/54

NAME OF CEMETERY OR CREMATORY: Rockville Union

LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG.: July 3, 1954

REGISTRAR'S SIGNATURE: Amelia G. Cook

24. FUNERAL DIRECTOR: Robert E. Humphrey

ADDRESS: Bethesda, Md

RECEIVED
JUL 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06686

Item 8 film G168A 8/2/54 cm 6708

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hyattstown Md

LENGTH OF STAY (in this place) 16 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hyattstown Md

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VINNIE (Middle) LAWSON (Last) KING

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: '75 Aug 26 1877

9. AGE last birthday: 78 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Lawson

14. MOTHER'S MAIDEN NAME: Catherine Turner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Edna Kling Mt Hyattstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 4 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease — 15 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1951, to July 25, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 27/54

NAME OF CEMETERY OR CREMATORY Wamarsus Md

LOCATION (City, town, or county) Montgomery (State) Md

DATE REC'D BY LOCAL REGISTRAR July 26, 1954

REGISTRAR'S SIGNATURE Della W. Burdett

24. FUNERAL DIRECTOR [illegible] W. Barber

ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06687

6709 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 258 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 8411 Spencer Court

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) Chun-wei (Last) Ku
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Yellow
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 20 Feb 1951
9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ------
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Pei-Moo Ku
14. MOTHER'S MAIDEN NAME: Anlin Wang
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----- (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: ----------
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic tumor, bones, chest, liver
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Embryoma of left kidney (Wilm's Tumor)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paraplegia

19a. DATE OF OPERATION: 1951
19b. MAJOR FINDINGS OF OPERATION Embryoma of left kidney
20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1953, to July 18, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) James F Holland MD ADDRESS The Clinical Center, Nat'l. Inst. of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-22-54
NAME OF CEMETERY OR CREMATORY Columbia Gardens
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 7/19/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06688

6710

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 70 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Tennessee COUNTY Clayborne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tazewell
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Patric (Middle) Levi (Last) LANHAM

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 15 August 1915
9. AGE last birthday 38 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Tazewell, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patric Lanham
14. MOTHER'S MAIDEN NAME: Mossie Jane Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) 1936-1954
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Falls Church, Virginia
Wife: Gladys E. Lanham 1609 Beverly Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Adenocarcinoma, liver	8 mos.
DUE TO (B)	Adenocarcinoma, ascending colon	18 mos.
DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12-7-53
19B. MAJOR FINDINGS OF OPERATION: Carcinoma, ascending colon
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 April, 1954, to 2 July, 1954, that I last saw the deceased alive on 2 July, 1954, and that death occurred at 5:20A M, from the causes and on the date stated above.

SIGNATURE M. L. Garber
M. L. GARBER CDR MC USN
ADDRESS Bethesda, Maryland
M.D. U.S. Naval Hospital
DATE SIGNED 2 July 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR: LVES Funeral Home 2[illegible] Wi[illegible]
ADDRESS Arlington, Virginia

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06689

6633 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgom MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma
LENGTH OF STAY (in this place) 20 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Rt. #1 Box 146

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) RUTH (Last) LATIMER

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1954

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 31, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR, Months: Days: IF UNDER 24 HRS. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. J. Douglass

14. MOTHER'S MAIDEN NAME: Sarah Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington San. and Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Mesenteric Venous Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4-5 hours

ANTECEDENT CAUSE (S) DUE TO (B) Mural Thrombus Left Atrium

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (C) Rheumatic Mitral Valvular Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: N/A

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1953 to 7/16, 1954, that I last saw the deceased alive on 7/16, 1954, and that death occurred at 2:23 PM, from the causes and on the date stated above.

SIGNATURE Grant Harding M.D. ADDRESS 113 Carroll St NW Wash DC DATE SIGNED 7/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/19/54 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR July 17, 1954 — REGISTRAR'S SIGNATURE J. Melvin Dodd — 24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS 517-11th St S.E. WASH, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BA[illegible], MD. 06690

6711 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Pennsylvania Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda 14
STREET ADDRESS (If rural give location) 5412 - Edgemoor Lane

3. NAME OF DECEASED: (Type or Print) (First) Clemens (Middle) Henry (Last) Leinweber
4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	April 15 1876	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Surgeon	University	Wisconsin	U.S.

13. FATHER'S NAME: Leinweber
14. MOTHER'S MAIDEN NAME: Loeffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no.			Irene deSobolewska Leinweber 5412 Edgemoor Lane

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4.5 O.

IMMEDIATE CAUSE (A) Bronchopneumonia — 2 days

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Duodenal Hemorrhage from Fecal impaction — 2 days

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐
7-6		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1954, to 7-9, 1954, that I last saw the deceased alive on 7-8, 1954, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE W. Wallace M. D. ADDRESS Rockville Md DATE SIGNED 7/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7-10-54	Cedar Hill	Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/12/54	Bessie M. Thompson	Robert H. Crumpley	Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 15 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06691

6712 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Box 242

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (I) (Last) Leonberger

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 28, 1885

9. AGE last birthday 68 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder

10B. KIND OF BUSINESS OR INDUSTRY: A. Gude Son's

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Leonberger

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT & ADDRESS: May E. Leonberger-Item# 2

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (B) DUE TO Carcinoma of Pancreas — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1954, to July 11, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE W. Hall M. D. ADDRESS Rockville, Md. DATE SIGNED 7/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-15-54

NAME OF CEMETERY OR CREMATORY Rockville Union

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/12/54

REGISTRAR'S SIGNATURE Bernie M. Thompson

24. FUNERAL DIRECTOR Robert Humphrey ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 15 1954
BUREAU

06692

MARYLAND 6713

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5406 Lambeth Road

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) BERNARD (Last) LONG

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH April 24, 1885

9. AGE last birthday 69 yrs. If under 1 year Months. 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Administrator

10b. KIND OF BUSINESS OR INDUSTRY Internal Revenue

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert F. Long

14. MOTHER'S MAIDEN NAME Josephine Hardin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS 5406 Lambeth Rd. Mrs. Lina F. Long - Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Failure — Interval Between Onset and Death: 3 hours

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 4 days

(c) Hypertension and Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1954, to 7/25, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE Frank Y. Jaggus Jr. (Degree or title) M.D. ADDRESS 5707 Wisconsin Ave. Chevy Chase Md. DATE SIGNED 7/25/54

23. BURIAL, CREMATION REMOVAL (Specify) B DATE 7/29/54 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) Rock Md. (State)

DATE REC'D BY LOCAL REG. 7-25-54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901 14th st. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

1

RECEIVED
JUL 29 1954
BUREAU V. S.

Items 18&22 Film G168A 8-11-54 ams

06693

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1513 East Falkland Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1513 East Falkland Lane

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Staley (Last) Longfellow
4. DATE OF DEATH (Month) (Day) (Year) July 7 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 12/21/26
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Homemaker - own home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Staley
14. MOTHER'S MAIDEN NAME: Bertha Armstrong
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Don W. Longfellow, 1513 East Falkland Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Morphine poisoning
DUE TO
Antecedent cause(s) (b) Was a mental case
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Did been disposed at Suicide

19a. DATE OF OPERATION: 4
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM ☐
DATE SIGNED 7-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/12/54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington County, Virginia
DATE REC'D BY LOCAL REG. 7-9-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner C. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL 13 '74
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

06694

Reg. Dist. No. 21-2

C645

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville

LENGTH OF STAY (in this place) 13 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 Crabb Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville

STREET ADDRESS (If rural, give location) 300 Crabb Ave.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) J. (Last) Lowe

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Widowed	Oct. 5, 1872	81 yrs.	9	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Farrer	Farming	Montgomery County, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Lowe	Catherine Easton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Mrs. James W. Fisher, 300 Crabb Ave., Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebro vascular Accident	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized arteriosclerosis	30 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar., 19 54, to July 10, 19 54, that I last saw the deceased alive on July 9, 19 54, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE W. M. Lowe (DEGREE OR TITLE) M.D. ADDRESS Rockville, Md. DATE SIGNED 7/10/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 14, 1954	Forest Oak Cemetery	Gaithersburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 12, 1954	Dorothy M. Jacobson	Robert D. Pumphrey	Rockville, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 13

MARYLAND STATE DEPARTMENT OF HEALTH

06695

6634

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Philadelphia Pa COUNTY Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4160 Gilham St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Alfred James MacAlpine
4. DATE OF DEATH (Month) (Day) (Year) July 26 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11/11/1898
9. AGE last birthday 55.54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Painter for Gov.
11. BIRTHPLACE (State or foreign country) Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME MacAlpine, James
14. MOTHER'S MAIDEN NAME MacClellan, Hanna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH: Sudden / Weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE (Degree or title) Frank J Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-26-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF July 27, 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REG. July 27 1954
REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 28 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE, 19~~ 06696

6715

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 303 Luckett Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alby (Middle) Leroy (Last) Magruder

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: April 19, 1903
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months 2 Days 21 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Magruder
14. MOTHER'S MAIDEN NAME: Frances Mulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: wife - Elizabeth R. Magruder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 July 54

ANTECEDENT CAUSE (B) DUE TO (B) Valvular Heart Disease — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Rheumatic Fever — 40 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive Heart Failure — 4 mons

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to 10 July, 1954, that I last saw the deceased alive on 9 July, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Rockville, Md. DATE SIGNED 10 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/13/1954
NAME OF CEMETERY OR CREMATORY Parklawn Cemetery
LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 7/12/54
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR [signature]
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

JUL 15 1954

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6716

CERTIFICATE OF DEATH

06697

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural give location) 114 King William Drive

3. NAME OF DECEASED: (Type or Print) (First) Abbie (Middle) Laura (Last) Mahoney

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 8/31/1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Louis Rivinius

14. MOTHER'S MAIDEN NAME: Estelle Marion Urquart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Second acute myocardial infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) art. sclerosis + senility

DUE TO (c)

Interval Between Onset And Death: 2 hrs 30 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 July, 1954, to 27 July, 1954 that I last saw the deceased alive on 27 July, 1954, and that death occurred at 1:20 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Boden Zeigler M.D. Olney Md 27 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 30 54 NAME OF CEMETERY OR CREMATORY North Brookfield Worcester Co Mass LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 7-27-54 REGISTRAR'S SIGNATURE Gertrude B Fawley

24. FUNERAL DIRECTOR Robert A Loughery ADDRESS Bethesda, Md

RECEIVED
JUL 30 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06698

6717 CERTIFICATE OF DEATH Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Kinnisington | LENGTH OF STAY (in this place) 38 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 4622 - 43rd Pl. N.W.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) JANE (Last) MALONEY
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Nov 19 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James M Maloney
14. MOTHER'S MAIDEN NAME: Lavinice Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Corinne Shanafelt Stanton 4622 - 43rd Place, N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis DUE TO

(c) Essential Hypertension

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Peritonsillar Abscess

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) None (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1954, to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Wenger Lowder (Degree or title) M.D. ADDRESS 5206 Nebraska Ave. Chevy Chase, D.C. DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 7/17/54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Washington, DC

DATE REC'D BY LOCAL REGISTRAR 7-15-54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS 300 - 4th St. N.E.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06699

CERTIFICATE OF DEATH

6718 Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Hall San.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 604 Bennington

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) Rathbun (Last) Manasse

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 7, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Solon Rathbun

14. MOTHER'S MAIDEN NAME: Dixie Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 604 Bennington Dr. Dorothy M. Clark Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) ACUTE MYOCARDITIS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS

DUE TO (c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 29 1954, to JULY 11, 1954, that I last saw the deceased alive on JULY 11, 1954, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas Scudder M.D. — ADDRESS 5206 Nottingham Dr. Chevy Chase, Md. — DATE SIGNED 7/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/13/54 — NAME OF CEMETERY OR CREMATORY Rock Creek Cem. — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 7/13/54 — REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR A.H. Hines Co. — ADDRESS 2901 14th St. N.W. Washington D.C.

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.

MARYLAND

6719

06700

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) Lawrence (Last) Marion

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept-9, 1879

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kiernan Marion

14. MOTHER'S MAIDEN NAME: Mary Rebecca Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Brother. Marion F. Marion

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Congestive heart failure	4 days
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic heart disease	6 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April ..., 19 54, to July 24 19 54, that I last saw the deceased alive on 24 July, 19 54, and that death occurred at 6.40 p. m., from the causes and on the date stated above.

SIGNATURE John S Fawcett (Degree or title) M.D. ADDRESS Boyds, Md. DATE SIGNED 26 July 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE July 27 1954 NAME OF CEMETERY OR CREMATORY St. Mary's (Barnesville) LOCATION (City, town, or county) Barnesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR: July 26 1954

REGISTRAR'S SIGNATURE: Bessie M Thompson

24. FUNERAL DIRECTOR: W. B. Dutton ADDRESS

8/5/54

RECEIVED
AUG 9
BUREAU V. S.

6720

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06701

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 4613 Norward Dr.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) B. (Last) MANN

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 6, 1877

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William S. Mann

14. MOTHER'S MAIDEN NAME: Elizabeth Colburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Alice Mann, 4613 Norwood Drive, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphatic Leukemia — Interval Between Onset and Death: 2 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 20, 1954, to July 4, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 10:40 P m., from the causes and on the date stated above.

SIGNATURE: Thomas F. McMahon M.D. (Degree or title) — ADDRESS: 3000 - Conn. Ave. Wash. — DATE SIGNED: 7-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/8/54 — NAME OF CEMETERY OR CREMATORY: Glenwood Cem — LOCATION (City, town, or county) (State): Wash D.C.

DATE REC'D BY LOCAL REG.: 7/6/54 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Chevy Chase Funeral Hom - ADDRESS: 5103 Wis Ave NW

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06702

6721 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) Marine Barracks Henderson Hall Arlington, Virginia

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) MARTINEZ
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-3-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. Undetermined
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Arlington, Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Cora J. MARTINEZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Mother Miss Cora J. MARTINEZ Marine Bks Henderson Hall, Arlington, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Anoxia, cause unknown

ANTECEDENT CAUSE (S) DUE TO (B) unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3-54, 19..., to 7-3-54, 19..., that I last saw the deceased alive on Not seen alive 19..., and that death occurred at M, from the causes and on the date stated above.

SIGNATURE G. W. Hyatt
ADDRESS G. W. HYATT LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED 7-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 28 July 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematorium
LOCATION (City, town, or county) (State) Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 27 July 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. PUMPHREY Funeral Home ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

Referred to and Approved by Montgomery county Coroner

Dr Frank J. BROSCHART MD

06703

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6722

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Scotland — RURAL: X — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Locks Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scotland
STREET ADDRESS (If rural, give location): 7 Locks Rd.

3. NAME OF DECEASED: (First) Eugene (Middle) (Last) Mason
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1890
9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah Mason
14. MOTHER'S MAIDEN NAME: Jennie Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Leita Mason. 7 Locks Rd, Scotland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE — (A) Congestive Heart Failure — 7 months

ANTECEDENT CAUSE (S) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) ① Hypertension ② old Myocardial Infarction — DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Jan., 1954, to 31 July, 1954; that I last saw the deceased alive on 31 July, 1954, and that death occurred at 10:28 P M, from the causes and on the date stated above.

SIGNATURE Jack W Sanders — M. D. — ADDRESS Cabin John, Md. — DATE SIGNED 3 Aug 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/3/54
NAME OF CEMETERY OR CREMATORY: Masons
LOCATION (City, town, or county) (State): Cabin John.

DATE REC'D BY LOCAL REGISTRAR: August 3, 1954
REGISTRAR'S SIGNATURE: Dorothy M. Jacobs
24. FUNERAL DIRECTOR: R. L. Swanson
ADDRESS: Rockville, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06704

CERTIFICATE OF DEATH

Reg. Dist. No. 216

6723

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 3706 Shepherd St.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Hoover (Last) McDonald

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 29, 1883
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John E. Hoover
14. MOTHER'S MAIDEN NAME: Catherine Kerchner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Rose A. McNamee-Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Adenocarcinoma, pancreas
DUE TO mesentery, sm. & lge intestine, omentum, liver
(B) adenocarcinoma, mesentric, perkinomenon
DUE TO
(C) intestinal obstruction, hepatic flexure

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/54, 19..., to 7/4, 1954, that I last saw the deceased alive on 7/3, 1954, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

SIGNATURE W. G. Hall M.D. ADDRESS Rockville Md. DATE SIGNED 7/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-7-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 7/7/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 9 195-
BUREAU V. S.

MARYLAND 6724 06705

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 38 days 10 hrs 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3108 McComas Avenue

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) A (Last) McGrath

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 12/20/83

9. AGE last birthday 70 yrs. If under 1 year Months 7 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Newark, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Oscar Kolshorm

14. MOTHER'S MAIDEN NAME Augusta Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mr. Edw. H. Cisworth-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis, right, & left hemiplegia — Interval between onset and death: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive-arteriosclerotic heart disease & — Interval between onset and death: undetermined

(c) Auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 26, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. Feigh, M.D. ADDRESS 931 Pershing Drive · Silver Spring, Md. DATE SIGNED 7-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Private | DATE 7/26/1954 | NAME OF CEMETERY OR CREMATORY Rest Land Mem. Park | LOCATION (City, town, or county) Essex County (State) New Jersey

DATE REC'D BY LOCAL REG. 7/26/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Dumphrey | ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06706

6725 CERTIFICATE OF DEATH Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1mo 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ...rginia COUNTY ...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 1110 North Pitt Street

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) None (Last) MC NEAL
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-10-89
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Aviation Electrical
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John C. MC NEAL
14. MOTHER'S MAIDEN NAME: Myrtle E. SUTHERLAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S ADDRESS: Son Mr. Hu[illegible] MC NEAL Jr. 4939 11th Street NW Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Thrombosis, coronary artery — minutes

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) arteriosclerosis, coronary arteries — unknown
DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Leukemia, lymphogenous, chronic — 6 months

19A. DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1954 to 20 July, 1954, that I last saw the deceased alive on 20 July, 1954, and that death occurred at 7:45A M, from the causes and on the date stated above.
SIGNATURE ... ADDRESS DATE SIGNED
... LCDR MC USN U. S. Naval Hospital, NMC, Bethesda, Maryland 7-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 22 June 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR ... 1954
REGISTRAR'S SIGNATURE ...
24. FUNERAL DIRECTOR ... ADDRESS ... 2901 14th Street ... Washington, D.C.

RECEIVED
JUL [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6726 **CERTIFICATE OF DEATH** Reg. Dist. No. 06707 217

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norbeck
LENGTH OF STAY (in this place) May 1, 1954
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Philomena Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 705 Silver Spring Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) THELMA D. MELIA

4. DATE OF DEATH: (Month) (Day) (Year) July 18 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 24, 1905
9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Housewife Own Home
11. BIRTHPLACE (State or foreign country): Gaithersburg, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harvey Watkins
14. MOTHER'S MAIDEN NAME: Grace Diffenderffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Wheaton, Md. Mrs. Markel A. Maine, 11,916 Blue Hill Rd.,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Pulmonary Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1-2 mo.
DUE TO
(B) Carcinoma of Cervix — 6 mo approx
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Inanition

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that Dr. Perry attended the deceased from May 1st, 1954, to July 9, 1954, that Dr. Perry last saw the deceased alive on July 9, 1954, and that death occurred at 9:45 P.M. on July 18, 1954, from the causes and on the date stated above.

SIGNATURE Harry J Kicherer MD M. D. ADDRESS DATE SIGNED July 18, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 22, 1954
NAME OF CEMETERY OR CREMATORY: St. John's Church Cemetery
LOCATION (City, town, or county) (State): Forest Glen, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-23-54
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

note: Medical examiner (Dr Broschart) contacted 9-19-54 and body was released.

Harry Kuhen

JUL 27 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06708

6727 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney — LENGTH OF STAY (in this place) 1 day	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.	STREET ADDRESS (If rural give location) Route 1, Box 267

3. NAME OF DECEASED: (Type or Print) (First) Earle (Middle) Eugene (Last) Miles — 4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 11/23/25 — 9. AGE last birthday: 28 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Attendant — 10b. KIND OF BUSINESS OR INDUSTRY: Gasoline Station — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Irving Miles — 14. MOTHER'S MAIDEN NAME: Romaine Stonesifer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: 218-20-0884 — 17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Shock — 6 hours

DUE TO Withhold for Pathological Report.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chorion epithelioma.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/26/54 — 19b. MAJOR FINDINGS OF OPERATION: Retroperitoneal tumor involving vena cava & aorta. — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) -- — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE) ------

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 7/17, 1954, to 7/26, 1954, that I last saw the deceased alive on 7/26, 1954, and that death occurred at 10:00 p.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. — ADDRESS [signature] — DATE SIGNED 7/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 29, 1954 — NAME OF CEMETERY OR CREMATORY Emmanuel Cem. — LOCATION (City, town, or county) Scaggsville, (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-29-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR De Witt Donaldson — ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 3 1954
BUREAU V. S

06709

6728

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Faithersburg (rural) LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFC #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Faithersburg (rural)
STREET ADDRESS (If rural, give location) RFC #3

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ann (Last) Mills

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1954

5. SEX Female

6. COLOR OR RACE Cal

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 6-5-54

9. AGE last birthday yrs. If under 1 year Months one Days 5 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Mills

14. MOTHER'S MAIDEN NAME Grace Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, giv war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide , homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Faithersburg Md DATE SIGNED 7-10-54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF July 12, 1954 NAME OF CEMETERY OR CREMATORY Lecanna Md LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. July 12, 1954 REGISTRAR'S SIGNATURE Dorothy M. Jordan

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 1
BUREAU V. S.

6729

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06710

Reg. Dist. No. 212

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; MARYLAND; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elwood (Middle) T. (Last) Morningstar

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan 27 1888

9. AGE last birthday: 66 Yrs.; If under 1 year: Months; Days; If under 24 hrs: Hours; Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Morningstar

14. MOTHER'S MAIDEN NAME: Amanda Shutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 217-32-1097

17. INFORMANT AND ADDRESS: Richard Mornystar, Rockville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank G. Brochat M.D. ADDRESS: Hagerstown Md. DATE SIGNED: 7-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 26/54; NAME OF CEMETERY OR CREMATORY: Monocacy; LOCATION (City, town, or county) (State): Beallsville Md.

DATE REC'D BY LOCAL REGISTRAR: July 23, 1954; REGISTRAR'S SIGNATURE: Clark G. Griffith

24. FUNERAL DIRECTOR: William B. Hilton; ADDRESS: Barnesville, Md.

6730

06711 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glenn
LENGTH OF STAY (in this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) Sheriff Road

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Maria (Last) Nalley
4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4/21/78
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Con Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W Beall
14. MOTHER'S MAIDEN NAME: Frances L. Nalley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ivor Nalley, Landover Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/31/54
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 7/29/54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR F Bosche Sons Hyattsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06712

6731

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (to this place) 20 hrs 138 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 4309 Bradley Lane

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Kyle (Last) Neely
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 17 1880
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel Jr. Kyle
14. MOTHER'S MAIDEN NAME: Isabella J. George
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Isabel Neely - 4309 - Bradley Lane Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 22 hours

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension - Arteriosclerotic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cerebral Vascular disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1954, to 6-13, 1954, that I last saw the deceased alive on 6-13, 1954, and that death occurred at 5:38 AM, from the causes and on the date stated above.

SIGNATURE P. P. Andrews M.D. ADDRESS Washington D.C. DATE SIGNED 6-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/16/54
NAME OF CEMETERY OR CREMATORY Uniondale Cem
LOCATION (City, town, or county) (State) Pittsburgh, Pa
DATE REC'D BY LOCAL REGISTRAR 7/13/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR 4017 Birch's Ave ADDRESS 3034 Mt Pleasant Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 15 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06713

6732 CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,231 Carroll Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10,317 Douglas Street

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) E. (Last) Nesbitt

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept. 27, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Denney

14. MOTHER'S MAIDEN NAME: Annie Dalton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. John B. Nesbitt, 10,317 Douglas St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 da.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Senility

DUE TO (c) 104.7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Non union fracture left femur. Pernicious Anemia 2 mo.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1944, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Erwin Hamman MD ADDRESS 3500 - 14th St. NW DATE SIGNED July 30, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/2/54 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 8-2-54 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner L. Lumphrey ADDRESS 8434 Georgia Avenue Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Erwin Steinman M.D. holds a Borderline certificate dated April, 1945.
permitting him to see patients in nearby Maryland — issued by Board of
Medical Examiners, Balt. Md.

BUREAU V. S.
AUG 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06714

6733

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinevie Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3211 Williams Lane

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (NUT) (Last) NORRIS

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Feb 17, 1867	87 yrs		4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Office
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Thomas Norris
14. MOTHER'S MAIDEN NAME: Catherine Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) None
17. INFORMANT & ADDRESS: Mrs H. T. Moomaw- Item # 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Bronchopneumonia	1 to 2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Pyelonephritis - (suspected malignancy)	1½ mos.
	(C) DUE TO Senile dementia	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1943 to July, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Katharine R. Chapman M. D. ADDRESS 3929 Baltimore St Kensington Md. DATE SIGNED July 21, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 7-24-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/24/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS [illegible]

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 27 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

06715

6635

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 12 DC — LENGTH OF STAY (in this place) 41 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanit. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3728 New Hampshire Ave NW

3. NAME OF DECEASED (Type or Print): (First) ARA (Middle) BELLE (Last) NORTON
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	12-11-69	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Howism
14. MOTHER'S MAIDEN NAME: Martha Tilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wash. Sanit. + Hosp Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Sigmoid Colon 3 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT (Specify) SUICIDE HOMICIDE — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 May, 1954, to 10 July, 1954, that I last saw the deceased alive on 9 July, 1954, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas Richwine MD, 553 Thayer Ave Silver Spring Md 10 July 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-13-54	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10th 1954	J. Milton Dodd	Deal Funeral Home	4812 Georgia Ave Wash DC

(M)

MARYLAND

06716

STATE DEPARTMETT OF HEALTH

6734

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (In this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8613 BRANDT PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8613 Brandt Pl.

3. NAME OF DECEASED (Type or Print): (First) ARIADNE (Middle) W. (Last) OGDEN
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 28-1868
9. AGE last birthday: 85 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ephersam C. Merriam
14. MOTHER'S MAIDEN NAME: Helen Hirt White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Marian Ogden Daughter 8613 Brandt Pl. Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure - due to Coronary Thrombosis — 2 Min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic - Heart Disease — 20 yr.

(c) Fracture of Rt. Wrist — 3 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Dec ..., 1952, to 5 July, 1954, that I last saw the deceased alive on 1 July ..., 1954, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Ball M.D. 7936 Georgetown Rd Bethesda Md. 5 July 1954

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE: 7/8/54
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG. 7/6/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: The S. H. Hines Co.
ADDRESS: 2901-14th N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

(I)

Medical Examiner notified.

Jos Ball. Deputy. Med Examiner
1-5-54

BUREAU V. S.
JUL 8 1954

06717

MARYLAND STATE DEPARTMETT OF HEALTH

6636

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 TULIP AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 311 TULIP AVE

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) (Last) OTTERBACH

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1954

5. SEX M
6. COLOR OR RACE N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Aug. 18, 1892
9. AGE last birthday 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver
10b. KIND OF BUSINESS OR INDUSTRY Engraver
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Otterbach
14. MOTHER'S MAIDEN NAME Margaret Sperling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Paul Joseph Otterbach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Hypernephroma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

Antecedent cause(s) (b) Hypernephroma Rt Kidney — 11 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1954, to 10 July, 1954, that I last saw the deceased alive on 10 July, 1954, and that death occurred at 8 10 pm m., from the causes and on the date stated above.

SIGNATURE G B Queen (Degree or title) M.D. ADDRESS 7112 Willow Ave Takoma Park Md DATE SIGNED 10 July 54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE July 14, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Prince George County. (State) Md.

DATE REC'D BY LOCAL REG. July 11-1954
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Arthur Walters ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

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JUL 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06718

6735 CERTIFICATE OF DEATH Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2408 Hayden Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2408 Hayden Drive

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SARAH WILEY ANDERSON PARKMAN

4. DATE OF DEATH: (Month) (Day) (Year) July 11 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 16, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker, Own Home, retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington, N. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David M. Anderson

14. MOTHER'S MAIDEN NAME: Sarah Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Theodore G. Parkman, 10,325 Parkman Rd., SS., Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Hypertension Heart Disease	10 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis Generalized	10 years.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ..., 1954, to 11 July, 1954, that I last saw the deceased alive on 9 July., 1954, and that death occurred at 4 - P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. F. Queen M.D. 7112 Willow Ave Takoma Park Md 11 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 13, 1954
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 7-13-54
REGISTRAR'S SIGNATURE Frances Fitter
24. FUNERAL DIRECTOR ADDRESS Warner C. Pumphrey Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.

MARYLAND

STATE DEPARTMENT OF HEALTH

06719

6736

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4114 W. Woodbine Street X	STREET ADDRESS (If rural, give location) 4114 W. Woodbine Street

3. NAME OF DECEASED (Type or Print): (First) GLADYS (Middle) E. W. (Last) PATTERSON

4. DATE OF DEATH (Month) July (Day) 31, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	May 24, 1891	63 yrs.	2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis C. Webb	Elizabeth W. Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Thomas H. Patterson-Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure -

Antecedent cause(s) (b) Acute Lupus Erythematosus. — 5 mos.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954, to July 31, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at 4:48 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS DATE SIGNED July 31 - 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-3-54	Rock Creek	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/3/54	Bessie M. Thompson	Robert A. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

C737 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 23 fi m G168A 8/2/54 CERTIFICATE OF DEATH

06720

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center Nat'l. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: South Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charleston
STREET ADDRESS (If rural give location): 332 E Ashley Ave.

3. NAME OF DECEASED: (First) Mary (Middle) Jessica (Last) Payton
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954
5. SEX: F
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 27 March 1924
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jesse Kyser
14. MOTHER'S MAIDEN NAME: Sara Cloud
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY No.: 424-20-3072
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute heart failure 12 hrs. post-Right thoracotomy for pulmonary denervation	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Essential pulmonary hypertension	
DUE TO		
	(c) Pulmonary arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: July 22, 1954
19b. MAJOR FINDINGS OF OPERATION: Pulmonary hypertension
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1 1954, to July 23, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 1:00 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title): Joseph Rorke M.D.
ADDRESS: The Clinical Center, N.I.H., Bethesda, Md.
DATE SIGNED: 7/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): removed
DATE THEREOF: 7/27/54
NAME OF CEMETERY OR CREMATORY: unknown
LOCATION (City, town, or county) (State): Tuskegee, Ala.

DATE REC'D BY LOCAL REGISTRAR: 7/26/54
REGISTRAR'S SIGNATURE: Bessie M. Thompkins
24. FUNERAL DIRECTOR: Frazier
ADDRESS: 389 R. I. Ave. N.W.

VS. A15

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06721

6738

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spencerville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) - (Middle) - (Last) Powell

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 18, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min. 30

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Herman Powell

14. MOTHER'S MAIDEN NAME: Florence Henrietta Pumphrey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature 5 mos DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓

(CITY OR TOWN) ✓ (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 7/18, 1954 to 7/18, 1954, that I last saw the deceased alive on 7/18, 1954, and that death occurred at 10:00 a.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 7/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 20/54 NAME OF CEMETERY OR CREMATORY Vaisey MD LOCATION (City, town, or county) Howard Co. (State)

DATE REC'D BY LOCAL REGISTRAR July 20-54 REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 23 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06722

C739 CERTIFICATE OF DEATH Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Herman (Last) Prather

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/22/1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wesley Prather

14. MOTHER'S MAIDEN NAME: Alice Ann Dixon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility DUE TO — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease DUE TO — Interval Between Onset And Death: 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1954, to July 8, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 5 30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M. D. ADDRESS Barnesville, Md. DATE SIGNED July 8 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 7-8-54 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR ADDRESS

VS. A15

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JUL 12 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06723

6637 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8001 Flower Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 8001 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Thomas (Last) Price

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 18, 1951
9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months — Days 14 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Rudolph Price
14. MOTHER'S MAIDEN NAME: Sally A. Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mother - 8001 Flower Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Hydrocephalus - — 17 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Encephalitis — 18 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1952 to 7/31, 1954, that I last saw the deceased alive on 7/31, 1954, and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE H. T. Morse / HBO. M.D. ADDRESS 7030 Carroll ave T.P. DATE SIGNED 7/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 2, 1954
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George County Md

DATE REC'D BY LOCAL REGISTRAR: July 31-1954
REGISTRAR'S SIGNATURE: J. Andrea Dodd
24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. NW D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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06724

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6740 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5507 Burling Court	STREET ADDRESS (If rural give location) 5507 Burling Court

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) CHARLOTTE (Last) RABE					4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1954			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: March 31, 1868	9. AGE last birthday 86 yrs.	IF UNDER 1 YEAR Months 3	Days 22	IF UNDER 24 HRS. Hours	Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper	10B. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Indiana	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Charles Rabe		14. MOTHER'S MAIDEN NAME: Wilhemina Schwandorf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS: Elenore Glass- Item # 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Arterio-sclerotic Heart Disease	Several years
ANTECEDENT CAUSE (B) DUE TO	Arterio sclerosis generalized	" "
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO	Diabetes Mellitus	Two years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Thrombosis right popliteal artery	14 days

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ....., 1952., to July 22, 1954, that I last saw the deceased alive on July 22, 1954., and that death occurred at 4:38 A.M, from the causes and on the date stated above.

SIGNATURE Alfred S. Norton — ADDRESS M. D. Bethesda Md — DATE SIGNED July 23 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-26-54	National Memorial Park	Falls Church, Va.	

DATE REC'D BY LOCAL REGISTRAR 7/24/54	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR Robert H. Crumpler	ADDRESS Bethesda, Maryland

JUL 27 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH [redacted]

0741 **CERTIFICATE OF DEATH**

06725

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Germantown

LENGTH OF STAY (in this place): 8 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Marylander Home of Rest

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville

STREET ADDRESS (If rural, give location): 23 E. Montgomery Ave.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Virginia Elsie (Last) Ray

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 1881

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): practical nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Ray

14. MOTHER'S MAIDEN NAME: Mary F. Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unKnown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sister Mrs. Annie McCoha - 24 E. Montgomery Ave, Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Bronchopneumonia DUE TO	1 day
	(c) Congestive heart failure	1 day

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis & arteriosclerotic heart disease

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1954, to July 29, 1954, that I last saw the deceased alive on July 29, 1954, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Stephen C. Cromwell, M.D. 615 W. Montgomery Ave. Rockville, Md. 7/29/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8-1-54

NAME OF CEMETERY OR CREMATORY: Rockville Union

LOCATION (City, town, or county) (State): Rockville, [illegible]

DATE REC'D BY LOCAL REG.: July 31, 1954

REGISTRAR'S SIGNATURE: Glenda L. Cooke

24. FUNERAL DIRECTOR: Robert A. Dunphrey

ADDRESS: [illegible]

RECEIVED
AUG 3 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

Item 8 & 9 filp G166A 7/30/54 cm

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2331-1 St. N.W.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) T (Last) Ritter

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2 1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Oil Burner

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Ritter

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-05-2609

17. INFORMANT AND ADDRESS: Maryland Rest Home, Germantown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Interval between Onset and Death: Long time

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1954, to July 17, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: James P. Kerr M.D. (Degree or title) — ADDRESS: Damascus, Md. — DATE SIGNED: 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: July 17-1954 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Washington — (State): D.C.

DATE REC'D BY LOCAL REG.: July 17, 1954 — REGISTRAR'S SIGNATURE: Della N. Burdette — 24. FUNERAL DIRECTOR: William Lee & Sons — ADDRESS: Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

VS. A15

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6743 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6739 Greentree Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
STREET ADDRESS (If rural, give location) 6739 Greentree Rd

3. NAME OF DECEASED (Type or Print) (First) Major (Middle) Harrison (Last) Robb

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 19, 1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemistry
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Silas Clarke Robb
14. MOTHER'S MAIDEN NAME Hedwig Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Marjorie Robb (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden
thes th

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broerhout M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-6 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Sanctuary
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 7/7/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Wm Lee's Sons Co. ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 104 Southbrook Lane

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Lottie (Last) Robinson
4. DATE OF DEATH (Month) July (Day) 1 (Year) 1954
5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 7 1863
9. AGE last birthday 90 yrs. If under 1 year: Months 5 Days 24 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Joseph Bruns
14. MOTHER'S MAIDEN NAME Frances Schuman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Clara Robinson - 104 Southbrook La. Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerotic Heart disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none 0
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 2nd, 1954, to 1 JULY, 1954, that I last saw the deceased alive on 6/30, 1954, and that death occurred at 12 25 p.m., from the causes and on the date stated above.

SIGNATURE Charles J Savarese (Degree or title) J MD. ADDRESS 8015 Old Georgetown Rd DATE SIGNED 7/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial Bu
DATE 7/6/1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 7/3/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Beth. Md.

MARGIN RESERVED FOR BINDING

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 88 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. (District of Columbia) COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington - Univ. Park
STREET ADDRESS (If rural, give location) 4800 Park Ave.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) C. (Last) Roney

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7 Nov. 1904
9. AGE last birthday 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Chamblin
14. MOTHER'S MAIDEN NAME Roberta Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ---
16. SOCIAL SECURITY NO. Not available
17. INFORMANT AND ADDRESS The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary carcinoma, metastatic, with bilateral hydrothorax and massive atelectasis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized carcinomatosis

(c) Adenocarcinoma, left breast

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1954, to July 4, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Alexander Breslow (Degree or title) ADDRESS DATE SIGNED 7/4/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/7/54
NAME OF CEMETERY OR CREMATORY H. Lincoln Cem.
LOCATION (City, town, or county) (State) Prince George M.

DATE REC'D BY LOCAL REG. 7/10/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S.H. Hill Co. ADDRESS 2901 14th St. NW

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9226 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9226 Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HILLEARY OGDEN ROSE

4. DATE OF DEATH: (Month) (Day) (Year) July 21 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 17, 1895
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secty. & Treas.,
10B. KIND OF BUSINESS OR INDUSTRY: Caithness Buick
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Morton E. Rose
14. MOTHER'S MAIDEN NAME: Katherine Storms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW #1
16. SOCIAL SECURITY NO. 579-01-4151
17. INFORMANT & ADDRESS: Lela H. Rose, 9226 Colesville Rd., S. S., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Coronary Thrombosis (Second Attack) 1 hr.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis, Coronary Artery 5-6 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1954, to 21 July, 1954, that I last saw the deceased alive on 21 July, 1954, and that death occurred at 7 a.m. M, from the causes and on the date stated above.

SIGNATURE G. F. Quillen M.D. ADDRESS M.D. 7112 Willow Ave. Takoma Park DATE SIGNED 21 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 24, 1954
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-23-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6747 CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Travilah (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Travilah (Rural)
STREET ADDRESS (If rural give location) Rockville, R.F.D.

3. NAME OF DECEASED: (First) NANCY ROSE (Middle) (Last) ROSELL
4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 31, 1916	37 yrs.	8	8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Virginia	US

13. FATHER'S NAME: ? Milsap
14. MOTHER'S MAIDEN NAME: Nelia Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	R. H. Rosell- Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) cardio-respir. failure DUE TO carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 15 mi. / 1 yr.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11, 1954, to 7/9, 1954, that I last saw the deceased alive on 7/9, 1954, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE Stephen N. Jones M. D. ADDRESS Rockville Md DATE SIGNED 7/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/1954	Parklawn	Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 12, 1954	Dorothy M. Jacobson	Robert H. Caughey	Bethesda, Md.

RECEIVED
JUL 13 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06732

6638

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 65 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 4664 No. 25th Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Louise (Last) Rosengarten

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954

5. SEX. Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 9.26.81
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Stephen P. Lathrop
14. MOTHER'S MAIDEN NAME: Carrie Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None Known
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
(B) Chronic Myelogenous Leukemia — 4 yrs
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1954, to 7-21, 1954 that I last saw the deceased alive on 7-21, 1954, and that death occurred at 11:03 P M, from the causes and on the date stated above.

SIGNATURE DeVoe K. Meade
ADDRESS M.D. Takoma Park, Md.
DATE SIGNED 7-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-25-54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem
LOCATION (City, town, or county) (State) Prince Georges Co. Md

DATE REC'D BY LOCAL REGISTRAR July 22-1954
REGISTRAR'S SIGNATURE F. Wilson Dodd
24. FUNERAL DIRECTOR S. H. Hines Co. 2901 14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1

JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06733

6748 CERTIFICATE OF DEATH Reg. Dist. No. 214

1. PLACE OF DEATH: Kensington Gardens Nursing Home
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Kensington - Md.
LENGTH OF STAY (in this place) 6-19-54-7-15-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens 3000 McComas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs - Md.
STREET ADDRESS (If rural, give location) 3912 Jannon Rd. S.S.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Alice (Last) Ruf
4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widow	9-25-1886	67 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Philadelphia - Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert A. Bloom
14. MOTHER'S MAIDEN NAME: Emma Schneider

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Helen Ruf - 3912 Jannon Rd. S.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalitis. DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 7 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Dis and General Arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James A. Roberts M.D. 8907 Georgia Ave. Silver Spring, Md. July 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-16-1954 NAME OF CEMETERY OR CREMATORY Greenwood Cemetery LOCATION (City, town, or county) Pleasantville, N.J. (State)

DATE REC'D BY LOCAL REGISTRAR 7-15-54 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Joseph Hawkins Sons ADDRESS 1756 Pa. Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06734

6749 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH.
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 1mo 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 309 Atlantic Street SE

3. NAME OF DECEASED: (First) Charles (Middle) Herbert (Last) RYAN

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-3-07

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Francis W. RYAN

14. MOTHER'S MAIDEN NAME: Hattie BROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S ADDRESS: Mrs. Gladys M. RYAN 309 Atlantic Street SE Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma, Origin unknown,

ANTECEDENT CAUSE (B) DUE TO with wide spread metastasis — 4 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27-54, 19..... to 7-25-54, 19 ...., that I last saw the deceased alive on 7-25-54, 19 ...., and that death occurred at 10:35A M, from the causes and on the date stated above.

SIGNATURE R. L. FLECK LCDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 7-26 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit

DATE THEREOF: 29 July 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 26 July 1954

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: CHAMBERS Funeral Home — ADDRESS: 517 11th Street SE Washington, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 2
BUREAU V. S.

6750

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06735

Item 9 film G168 7/21/54

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda, Rural

LENGTH OF STAY (in this place): 39 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda

STREET ADDRESS (If rural give location): 8900 Melwood Road

3. NAME OF DECEASED: (Type or Print) (First) Cornelia (Middle) Cardin (Last) SAVIDGE

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 27 February 1914

9. AGE last birthday: ~~41~~ 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edmond F. Cardin

14. MOTHER'S MAIDEN NAME: Cornelia Danaher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Husband: 8900 Melwood Road Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Astrocytoma, left cerebrum — INTERVAL BETWEEN ONSET AND DEATH: 6 years.

DUE TO

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: August 1952

19B. MAJOR FINDINGS OF OPERATION: Astrocytoma grade 2.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1954, to 10 July, 1954 that I last saw the deceased alive on 10 July, 1954, and that death occurred at 5:35P M, from the causes and on the date stated above.

SIGNATURE: [illegible] MC USN — ADDRESS: U.S. NAVAL HOSPITAL BETHESDA, MARYLAND — DATE SIGNED: 7-15-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 14 July 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: [illegible] — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: E.A. PUMPHREY 7557 Wisconsin Ave. Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
NOV 16 ..
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06736

6751 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 6001 Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Lee (Last) SCHROEDER Jr.
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5 May 1953
9. AGE last birthday 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----
10B. KIND OF BUSINESS OR INDUSTRY: --------
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Lee SCHROEDER
14. MOTHER'S MAIDEN NAME: Roberta Wedge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. --------
17. INFORMANT & ADDRESS. Father: Richard Lee SCHROEDER

18. MEDICAL CERTIFICATION same as #2 above

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Mongolism DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 14 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 June, 1954 to 3 July, 1954 that I last saw the deceased alive on 3 July, 1954, and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE Marvin S. Allen
Marvin S. ALLEN LT MC USN
ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7 July 1954
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR Loring Byers Funeral Home, 5[illegible] Park Heights, Baltimore 15, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 7 1954
BUREAU V. S.

MARBEN SIBURIAN

MARYLAND STATE DEPARTMENT OF HEALTH

06737

6639

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (In this place) 17; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Washington, D.C.; STREET ADDRESS (If rural, give location) Washington Missionary College

3. NAME OF DECEASED (Type or Print): (First) Marben (Middle) (Last) Siburian

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Indonesian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 4 1928

9. AGE last birthday: 26 yrs. If under 1 year: Months; Days; If under 24 hours: Hours; M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Student (College)

11. BIRTHPLACE (State or foreign country): Sumatra

12. CITIZEN OF WHAT COUNTRY? Indonesia

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: - -

17. INFORMANT AND ADDRESS: Registrar Eunice Kozema Washington Missionary College

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of skull

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT, HOMICIDE OR SUICIDE: PRIMARY ☓ OR CONTRIBUTING ; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street; (CITY OR TOWN) Washington; (COUNTY); (STATE) D.C.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-30-54 1:15 P.m.; INJURY OCCURRED While at work ☐ Not while at work ☑; HOW DID INJURY OCCUR? Motor cycle accident

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection ☓, Inquiry ☓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☓, suicide , homicide , undetermined .

SIGNATURE: Frank J Bierhaut M.C. (Degree or title); ADDRESS 4th Takoma Park Md.; DATE SIGNED 7-30-54

BURIAL, CREMATION OR REMOVAL: Burial; DATE THEREOF: Aug 2-54; NAME OF CEMETERY OR CREMATORY: Takoma Park Cem.; LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REG.: Aug. 1st 1954; REGISTRAR'S SIGNATURE: J. Milton Dodd

23. FUNERAL DIRECTOR: J. Arthur Walter; ADDRESS: 254 Carroll St. NW, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS AI A.

AUG 3 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06738

CERTIFICATE OF DEATH

C752 Reg. Dist. No. 216

1. PLACE OF DEATH: 5208 Westwood Drive Westmoreland Hills
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place) 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: Grenada
STATE Miss. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grenada
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Raphael (Middle) (Last) Semmes

4. DATE OF DEATH: (Month) July (Day) 25th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 13-1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Furniture Dealer

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver O. Semmer

14. MOTHER'S MAIDEN NAME: Mary Williamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Norman Ames 5208 - Westwood Drive, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumania	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Bronchiectasis	4 years
	DUE TO (c) Emphysema	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1954, to July 25, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 6 pc A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 3118-16th St N.W. Washington D.C. July 25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit DATE THEREOF 7-25-54 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) Grenada (State) Mississippi

DATE REC'D BY LOCAL REGISTRAR 7/26/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06739

6753 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Mont Gy MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
LENGTH OF STAY (in this place) 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont Gy.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase.
STREET ADDRESS (If rural give location) 11 NEW LAND. ST.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W (Last) SIMONS JR.

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 1, 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): INSURANCE Underwriter

10b. KIND OF BUSINESS OR INDUSTRY: INSURNCE.

11. BIRTHPLACE (State or foreign country): Robsville PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. SIMONS, SR.

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service) NO.

16. SOCIAL SECURITY No.: 519-01-0453

17. INFORMANT & ADDRESS: ALMA C. SIMONS - 11 NEW LAND ST. (Wife) CHEVY CHASE MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) CORONARY THROMBOSIS

DUE TO (b) MYOCARDIAL INFARCTION

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) CORONARY ARTERY INSUFFICIENCY

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION** 0 **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0 — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 29, 1954 that I last saw the deceased alive on July 6, 1954, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P Pinckney Hyde MD ADDRESS 1824 Eye St NW - Washington 6 DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial REMOVAL — DATE THEREOF 7-31-54 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 7/31/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06740

6754 CERTIFICATE OF DEATH Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg, Md
STREET ADDRESS (If rural give location) Cor. Walker & Russell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Sara (Middle) (Last) Snodgrass

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan-28-1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 5 Days 19 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Companion nurse
10b. KIND OF BUSINESS OR INDUSTRY: nursing
11. BIRTHPLACE (State or foreign country): Street, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Snodgrass
14. MOTHER'S MAIDEN NAME: Hannah Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ~~No~~ 215-24-89
17. INFORMANT & ADDRESS: Records in Asbury Methodist Home

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of omentum, bowels
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....
DUE TO

(c)

Interval Between Onset And Death: unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: March - 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1950, to July 17, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE William C. Miller (Degree or title) M.D. ADDRESS 7 Brooks Ave, Gaithersburg DATE SIGNED 7-17-54 Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-19-54
NAME OF CEMETERY OR CREMATORY Emory Church
LOCATION (City, town, or county) Street (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 18, 1954
REGISTRAR'S SIGNATURE Alvada L. Cooke
24. FUNERAL DIRECTOR Ernest C. Yartner ADDRESS Md. Gaithersburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V.

6755 MARYLAND STATE DEPARTMENT OF HEALTH 06741

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia (rural) LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD (Bronsingsville)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia (Rural)
STREET ADDRESS (If rural, give location) RFD (Bronsingsville)

3. NAME OF DECEASED (Type or Print) (First) Laird (Middle) A (Last) Snowden
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1954

5. SEX Male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 2-11-1885
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Laird A Snowden
14. MOTHER'S MAIDEN NAME Harriet Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Martha Jackson - Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac dilatation — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardiac - nephritis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-4-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF July 6 54
NAME OF CEMETERY OR CREMATORY Pleasant Grove Md
LOCATION (City, town, or county) (State) Burdette Md

DATE REC'D BY LOCAL REG. July 6, 1954
REGISTRAR'S SIGNATURE Della W. Burdette
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

VS. A15—10-63

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06742

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0756 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH.
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 3mo 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Alabama — COUNTY: Barbour
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eufaula
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) John (Middle) Joshua (Last) SPEIGHT
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7-24-85
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Judge
10B. KIND OF BUSINESS OR INDUSTRY: Goverment
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John William SPEIGHT
14. MOTHER'S MAIDEN NAME: Emma R. COBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S ADDRESS: Mrs. Ruth W. SPEIGHT, Eufaula, Alabama

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma, Epidermoid, Lung — INTERVAL BETWEEN ONSET AND DEATH: 11 Mo.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19-54, 19..., to 7-24-54, 19..., that I last saw the deceased alive on 7-24-54, 19..., and that death occurred at 8:35 P.M., from the causes and on the date stated above.

SIGNATURE: R. L. KING, JR LT MC USN — ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 7-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 28 July 1954
NAME OF CEMETERY OR CREMATORY: Long Island N.Y. Cemetery
LOCATION (City, town, or county) (State): Long Island, New York

DATE REC'D BY LOCAL REGISTRAR: 26 July 1954
REGISTRAR'S SIGNATURE: Mary C. Connelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home — ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

JUL 28 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06743

6757 CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus

LENGTH OF STAY (in this place): years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD Mt. Airy

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus

STREET ADDRESS (If rural give location): RFD Mt. Airy

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edgar (Last) Stanley

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 9, 1902	51 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Building Contractor		Watersville, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clinton K. Stanley	Lottie S. Hawkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	217-10-9395	Mrs Daphne M. Stanley, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X

(a) Acute Left Ventricular

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Failure Hypertensive Cardio-Vascular disease — DUE TO

(c)

Interval Between Onset And Death: (a) 2 hours; (b) 25 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1947, to July 29, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher M.D.	Gaithersburg, Md.	July 29, 54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31, 1954	Damascus	Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30, 1954	Della M. Burdette	Olin L. Molesworth	Damascus, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

6758 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) Since May 5, '54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7637 Carroll Avenue

3. NAME OF DECEASED (Type or Print) (First) GUSTAVE ADOLPH (Middle) (Last) Stephenson

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1954

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Mch. 6, 1881
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Baker (retired)
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? ??

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Mary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes
17. INFORMANT AND ADDRESS Curtis Quackenbush, 114 Elm Ave., Takoma Pk., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md. DATE SIGNED 7-16-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 21, 1954
NAME OF CEMETERY OR CREMATORY George Washington Memorial Cemetery
LOCATION (City, town, or county) (State) Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG. 7-23-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6759 **CERTIFICATE OF DEATH** 06745

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD #1, SILVER SPRING
LENGTH OF STAY (in this place) 2 YR 10 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS SEYMOUR NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) PERCE (Last) STRATTON
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 9-14-1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BALTO, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEGRAND WINFIELD PERCE
14. MOTHER'S MAIDEN NAME: SARAH WALLACE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: REST HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Left Ventricular Failure — Interval Between Onset And Death: Sudden 1½ [illegible]

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — yes
DUE TO (c) Old Residual hemiplegia (left)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 yr, 19.., to 7/9/, 1954, that I last saw the deceased alive on 7/9/, 1954, and that death occurred at 9:00 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Chas H Nolohan, M.D.
ADDRESS 500 Underwood St NW Wash D.C.
DATE SIGNED 7/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
DATE THEREOF JULY 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Prince George County (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7/13/54
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 15 1954

06746

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6760 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church
STREET ADDRESS (If rural, give location): Beech Tree Farm

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) R. (Last) Taynton

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 15 Jan 1903

9. AGE last birthday: 51 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abram Rosenthal

14. MOTHER'S MAIDEN NAME: Fannie Dudock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 501-24764-01

17. INFORMANT AND ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) massive pulmonary atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral metastasis from
(c) Adenocarcinoma, right breast

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1954, to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alexander Brewer — ADDRESS: The Clinical Center, Nat'l.Inst. of Health — DATE SIGNED: 7/4/54

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation — DATE: 7-7-54 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Bladensburg Md.

DATE REC'D BY LOCAL REG.: 7/6/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — **24. FUNERAL DIRECTOR** — ADDRESS: Pearson Funeral Home, Falls Church Va.

RECEIVED
JUL 8 1954
BUREAU V. S.

6761 06747

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Selma's

STREET ADDRESS (If rural, give location) Rte 2, Between Belville & Barnsville

3. NAME OF DECEASED: (Type or Print) (First) Allen (Middle) Henry (Last) Thomas, Jr.

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 10, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Naval Ord. Lab.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Allen Henry Thomas

14. MOTHER'S MAIDEN NAME: Lizzie Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Callie Thomas (wife) Selma, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 455 [illegible]

Immediate cause (a) Lacerating [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) [illegible] 6 [illegible] 2 wks

DUE TO

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or **CONTRIBUTING** ☒ **CAUSE OF DEATH.**

21b. PLACE (Home, farm, factory, street, office bldg., etc.) **OF INJURY** [illegible]

21c. (City or town) Poolesville (County) Montg (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 26-54-7:10 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF July 14 54 NAME OF CEMETERY OR CREMATORY Martinsburg LOCATION (City, town, or county) Martinsburg (State) Md

DATE REC'D BY LOCAL REG. 7/14/54 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

Items 8 & 9 See Film G166A 7-28-54 jst
& 14

067

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C762

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10209 McKenney Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10209 McKenney Ave

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) MAY (Last) Thompson 1887
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct ~~22~~ 8, 1886
9. AGE last birthday 67 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frederick Tauber
14. MOTHER'S MAIDEN NAME Rebecca Jane Herling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr James Thompson - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	4 yrs
	(c)	Nephritis	more than 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE John Lawrence Avery, M.D. (Degree or title) ADDRESS 10110 Georgia Ave., Silver Spring Md DATE SIGNED July 13, 1954

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 7-16-54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. [illegible] REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Timothy Naulon ADDRESS 3831 - GA Ave. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06749

6763 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4417 Rosedale Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4417 Rosedale Avenue

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) Herbert (Last) TOMLINSON

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1893

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Fish

10B. KIND OF BUSINESS OR INDUSTRY: Giant Food Co.

11. BIRTHPLACE (State or foreign country): Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-09-7020

17. INFORMANT & ADDRESS: Anna M. Tomlinson-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 6 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to July 18, 1954 that I last saw the deceased alive on July 18, 1954, and that death occurred at 10. P. M, from the causes and on the date stated above.

SIGNATURE Paul A. Cantor ADDRESS M. D. Bethesda Md DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/21/1954 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 7/20/54 | REGISTRAR'S SIGNATURE Bruce M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphreys ADDRESS Bethesda, Md.

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MARYLAND 6764

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Vermont COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bennington
STREET ADDRESS (If rural, give location) West Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Corinne W. Tuygil

4. DATE OF DEATH (Month) (Day) (Year) July 16, 1954 19

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Nov. 13, 1920

9. AGE last birthday 33 yrs. If under 1 year Months. Days -- If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Williams

14. MOTHER'S MAIDEN NAME Corinne Ragsdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS The medical record - Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

199

Immediate cause (a) Edema, left cerebral hemisphere, probably secondary to metastatic tumor

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic malignant melanoma involving spleen, anterior mediastinum, left retroperitoneal tissue.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) - (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) - m

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from June 20, 1954, to July 16, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE Alexander Z Breslow (Degree or title) M.D. ADDRESS The Clinical Center, National Institutes of Health DATE SIGNED July 17, '54

23. BURIAL, CREMATION REMOVAL (Specify) Transit-Cremation DATE 7-20-54 NAME OF CEMETERY OR CREMATORY Oakwood Crematory LOCATION (City, town, or county) Troy, New York (State)

DATE REC'D BY LOCAL REG. 7/20/54 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

C765

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06751

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 1mo 22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural give location): 4221 28th Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) M. (Last) WALDECK

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-9-18

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Social Worker

10B. KIND OF BUSINESS OR INDUSTRY: Social Aid

11. BIRTHPLACE (State or foreign country): Pennslyvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Davie WALDECK

14. MOTHER'S MAIDEN NAME: Dora SWAYNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S ADDRESS: Mrs. Bernice M. WALDECK 4221 28th St Mt. Rainier, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

75 1.1

IMMEDIATE CAUSE (A) Renal insufficiency — INTERVAL BETWEEN ONSET AND DEATH: UnKnown

ANTECEDENT CAUSE (B) DUE TO Congenital Polycystic Kidney

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pleural effusion - Uremic Pericarditis Congestive heart failure — 1 wk.

19A. DATE OF OPERATION: 7-12-54

19B. MAJOR FINDINGS OF OPERATION: Hypertrophied Polycystic Rt. Kidney.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3-54, 19.., to 7-25-54, 19.., that I last saw the deceased alive on 7-25-54 19.., and that death occurred at 5:15P M., from the causes and on the date stated above.

SIGNATURE W. E. Fraser — ADDRESS W. E. FRASER LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 7-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit — DATE THEREOF: 29 July 1954 — NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery — LOCATION (City, town, or county) (State): Shepherdstown, West Virginia

DATE REC'D BY LOCAL REGISTRAR: 26 July 1954 — REGISTRAR'S SIGNATURE: Mary E. Connelly

24. FUNERAL DIRECTOR: Chambers Funeral Home — ADDRESS: 5801 Cleveland Ave Riverdale, Maryland

RECEIVED
JUL 2[illegible] 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06752

CERTIFICATE OF DEATH

6766

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 N. Adams Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 301 N. Adams Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
EMMA ELIZABETH WEISS	July 18, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 19, 1888	66 yrs.	0	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Hamburg, Germany	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Benj. Weiss- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	2 0 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Rheumatic heart disease DUE TO	50 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1 Feb., 1954, to 18 July, 1954, that I last saw the deceased alive on 17 July, 1954, and that death occurred at 3:55 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
W. G. Hall	MD	Rockville	7/18/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-20-54	Parklawn	Rockville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 20, 1954	Dorothy M. Jacobs	Robert A. Humphrey	Bethesda, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06753

6767 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 355 K St., S.W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Wells

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 20 Dec. 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Not stated (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Not stated

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wells

14. MOTHER'S MAIDEN NAME: Luvenia Beach

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) --------

16. SOCIAL SECURITY NO.: Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac fibrillation, operative

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Syphylitic aortic insufficiency with left ventricular hypertrophy
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 20, 1954

19b. MAJOR FINDINGS OF OPERATION: Luetic heart disease

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1954, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A S Morrow M.D. The Clinical Center, N.I.H., Bethesda 20 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-20-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 20 July 1954 REGISTRAR'S SIGNATURE Mary E. Donnelly

24. FUNERAL DIRECTOR Barnes Matthews ADDRESS 614-4th St. SW, Washington DC

RECEIVED
JUL [illegible] 1914
BUREAU V. S.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06755

6768 **CERTIFICATE OF DEATH** Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SILVER SPRING, MD
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 706 STONINGTON DRIVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 706 Stonington Drive.

3. NAME OF DECEASED: (Type or Print) (First), WILLIAM (Middle) HENRY (Last) WERTMAN SR.

4. DATE OF DEATH: (Month) JULY (Day) 9 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: NOV. 17, 1872

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months 8, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cost accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Wertman.

14. MOTHER'S MAIDEN NAME: Mary Zerbe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none.

17. INFORMANT & ADDRESS: Mrs. Aida Ruth Waitman. 706 Stonington Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (11341)	(a) Cardiac Failure, Congestive DUE TO	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pneumonia, Hypostatic. DUE TO	24 hours.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis.

19a. DATE OF OPERATION: 1 June 24, 1954

19b. MAJOR FINDINGS OF OPERATION: Fractured Left Hip - Nailed.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1954, to July 9, 1954, that I last saw the deceased alive on July 9, 1954 and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James A. Roberts M.D. ADDRESS 8907 Geo. Ave. DATE SIGNED July 9, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 12, 1954

NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. July 9 '54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR / ADDRESS Leo Funeral Home Wash DC

JUL 14 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06756

6640 **CERTIFICATE OF DEATH** Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Haven Conv.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY ROCKINGHAM
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MOUNT CRAWFORD
STREET ADDRESS (If rural give location) RFD.

3. NAME OF DECEASED: (Type or Print) (First) OWEN (Middle) TALMAGE (Last) Whitesel
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 30-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Charge Nurse
10b. KIND OF BUSINESS OR INDUSTRY: St. Elizabeth Hosp.
11. BIRTHPLACE (State or foreign country): Mount Crawford, VA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Asbury Whitesel
14. MOTHER'S MAIDEN NAME: Martha Alice Jordan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: J.B. Whitesel - 1301 Ridge Place S.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 3-4 day

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive head disease c̄ arteriosclerosis — 15-20 yrs
DUE TO (c) Cerebral sclerosis c̄ Rhaphigia — 2-3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 years, 19 , to 7/1/, 1954, that I last saw the deceased alive on 7/1/, 1954, and that death occurred at 6:52 PM., from the causes and on the date stated above.
SIGNATURE Leo M Wolshon (Degree or title) MD ADDRESS 500 Underwood St NW, Wash, DC DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF July 4-1954
NAME OF CEMETERY OR CREMATORY SPADERS Church Cem.
LOCATION (City, town, or county) (State) Pleasant Valley, VA.
DATE REC'D BY LOCAL REGISTRAR July 1-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6 1954
BUREAU V. S.

06757

MARYLAND 6769

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY ~~Montgo~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 4607 Conn. Ave N.W.

3. NAME OF DECEASED (Type or Print) (First) Maud (Middle) Mary (Last) Whittaker
4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 21st 1871
9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Charles R. Lincoln
14. MOTHER'S MAIDEN NAME Josephine Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Mary J. Carlin- Ite # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Renal Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1954, to July 4, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE Sidney Cloussine (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. DATE SIGNED 7/4/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE 7-5-54
NAME OF CEMETERY OR CREMATORY Maplewood
LOCATION (City, town, or county) Middlesex Co., Mass. (State)

DATE REC'D BY LOCAL REG. 7/5/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06758

8770

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1509 Sanford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Md~~ N Y COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 602-ave T
STREET ADDRESS (If rural give location) Brooklyn N Y

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) (Last) WILKNER

4. DATE OF DEATH: (Month) July (Day) -2 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Broker

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): New York NY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Nukner

14. MOTHER'S MAIDEN NAME: Rachael Mulrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Burt N Ropes 1509 Sanford Rd

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Thrombosis	15 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Passive Congestion	15 yrs
	DUE TO (c) Chronic Myocarditis	15 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	
19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1954, to July 2, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 3.30 Ay, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Howard Skolnick M.D 8337 Gruhlkoad Silver Spring Md

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 4-1954 NAME OF CEMETERY OR CREMATORY Mt Ararat Cem LOCATION (City, town, or county) Farmingdale (State) L I

DATE REC'D BY LOCAL REGISTRAR 7-2-54 REGISTRAR'S SIGNATURE Frances Miller

24. FUNERAL DIRECTOR B Damanoke & Son ADDRESS 3501 14th St NW

VS. A15

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JUL 6 1934
BUREAU V. S.

06759

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6641

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md.
LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ?
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spencerville
STREET ADDRESS (If rural give location) ?

3. NAME OF DECEASED: (Type or Print) (First) Ellis (Middle) Green (Last) Wilcher.

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 3-14-83
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator Steam Shovel (retired)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Wilcher.
14. MOTHER'S MAIDEN NAME: Ellen Jane Wilcher.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-03-5792
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 X

IMMEDIATE CAUSE (A) Adenocarcinoma R1 Lung — INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial failure

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1954 to July 25, 1954, that I last saw the deceased alive on 7-25, 1954 and that death occurred at 9:40 PM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 6727-14 Ct. Tac DATE SIGNED 7-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 28, 1954
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: July 29 1954
REGISTRAR'S SIGNATURE: J. Nelson Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 — 10-53

RECEIVED
JUL 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06760

6771 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring

STREET ADDRESS (If rural give location) 11907 Center Hill Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) WILLARD

4. DATE OF DEATH: (Month) 4 July (Day) (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4 July 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 44

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------

10B KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John C. WILLARD

14. MOTHER'S MAIDEN NAME: Arlene KLINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. --------

17. INFORMANT & ADDRESS: Father: John C. WILLARD same as #2 above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Atalectasis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 4 July, 1954, that I last saw the deceased alive on 4 July 1954, 19..., and that death occurred at 2:15 a M, from the causes and on the date stated above.

SIGNATURE DR. D. C. DIXON LT MC USN

ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Md.

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7 July 1954

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Timothy Hanlon Funeral Home Ave., N.W., Washington, D.C.

ADDRESS 3831 Georgia

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06761

CERTIFICATE OF DEATH

C772

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 9 hrs 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5818 Ipswich Road

3. NAME OF DECEASED: (Type or Print) (First) Cynthia (Middle) Katherine (Last) Williams

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7 July 1954

9. AGE last birthday ... yrs. IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS. Hours 2 Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10B. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: RICHARD B. WILLIAMS

14. MOTHER'S MAIDEN NAME: Mabel Combo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: R.B. Williams 5818 Ipswich Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Prematurity

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 9½ hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July..., 19..54 to .. 7 July, 19 54, that I last saw the deceased alive on 7 July, 19 54, and that death occurred at 10:30 M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS U.S. NAVAL HOSPITAL, NNMC Bethesda, Maryland DATE SIGNED

D.[illegible] LT MC USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9 July 1954

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 7/8/54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS J.A. Rumphrey 7557 Wisconsin Ave Bet[illegible]

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 8
BUREAU V. S.

06762

MARYLAND 6773

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg — LENGTH OF STAY (in this place) life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Victoria (Middle) J. (Last) Wilson

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1954

5. SEX female — 6. COLOR OR RACE colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow — 8. DATE OF BIRTH Nov-6-1873 — 9. AGE last birthday 80 yrs. — If under 1 year Months 8 Days 20 — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-keeping — 10b. KIND OF BUSINESS OR INDUSTRY home — 11. BIRTHPLACE (State or foreign country) Gaithersburg, Md-Rural — 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME William Hall — 14. MOTHER'S MAIDEN NAME Susan McAbee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. no — 17. INFORMANT AND ADDRESS Wellington J. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident — 1 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓ — 19b. MAJOR FINDINGS OF OPERATION ✓ — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ — (CITY OR TOWN) ✓ (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓ — HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from June-8-1954, to July-26-1954, that I last saw the deceased alive on July-24-1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE William C Miller (Degree or title) M.D. ADDRESS 7 Brooke Ave. Gaithersburg Md — DATE SIGNED 7-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7-29-54 — NAME OF CEMETERY OR CREMATORY Brooke Grove — LOCATION (City, town, or county) Laytonsville, Md (State)

DATE REC'D BY LOCAL REG. July 29, 1954 — REGISTRAR'S SIGNATURE Almeda G. Corde — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

REC
AUG 2 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06763

6643 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 4
STREET ADDRESS (If rural give location) 5000 New Hampshire Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Tracy (Last) Wilson

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 24, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephram E. Phillips

14. MOTHER'S MAIDEN NAME: Margaret E. Hagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington San. and Hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Ureteral Obstruction Approx 4 yrs.

(C) Carcinoma of Bladder Appx 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29-, 19 54, to 7-12-, 19 54, that I last saw the deceased alive on 7-12-, 19 54, and that death occurred at 6 55 M, from the causes and on the date stated above.

SIGNATURE Gordon A. McDonald M.D. ADDRESS 915-19th N.W. Wash. D.C. DATE SIGNED 7/12/54

23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial | DATE THEREOF July 15-1954 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REGISTRAR July 13 1954 | REGISTRAR'S SIGNATURE J. Nelson Dodd | 24. FUNERAL DIRECTOR J. Pallin Leo & Sons | ADDRESS 3003 14th St. N.W. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06764

6643 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminister 06-27-2
STREET ADDRESS (If rural give location) 15 Chase St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Victor (Middle) Howell (Last) Zepp
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-25-82
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Navy Yard
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Zepp
14. MOTHER'S MAIDEN NAME: Ruth Devilbiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Patient's chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

931X

IMMEDIATE CAUSE (A) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: three days

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Hemorrhage — five weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Metastases of Carcinoma

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1954, to 7/17, 1954, that I last saw the deceased alive on 7/17, 1954, and that death occurred at 9:10 AM, from the causes and on the date stated above.

SIGNATURE Robert A Hare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/20/54
NAME OF CEMETERY OR CREMATORY Lutheran Cem.
LOCATION (City, town, or county) Tanneytown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 17th 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Wm Leid Sons Co. ADDRESS 300 4th St N.E. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06765

6774 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural X
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park 18X-2
STREET ADDRESS (If rural give location) 689 Chinnle ✓

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Franklin (Last) Ziegler Jr.

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 10 February 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Colorado

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph F. Ziegler

14. MOTHER'S MAIDEN NAME: Jaunita L. Holman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father: 689 Chinnle Lexington Park, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 756.2	(A) Congestive Heart Failure	6 hr +
ANTECEDENT CAUSE (B)	DUE TO (B) Surgery	30 hr
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Congenital megacolon	17 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 July, 1954, to 10 July, 1954, that I last saw the deceased alive on 10 July, 1954, and that death occurred at 1:50A M, from the causes and on the date stated above.

SIGNATURE D. F. DOOHEN ADDRESS LT MC USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED 7-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12 July 1954 | NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery | LOCATION (City, town, or county) (State) Leonardtown, Maryland

DATE REC'D BY LOCAL REGISTRAR 13 July 1954 | REGISTRAR'S SIGNATURE Mary E. Farrell

24. FUNERAL DIRECTOR R.A. PUMPHREY ADDRESS 7557 Wisconsin Ave. Bethesda, Md.

RECEIVED
JUL 19 1954
BUREAU V. S.